



## VICTORY RIDING ACADEMY, INC.

4906 South 180th Street  
Omaha, NE 68135

### WAIVER AND RELEASE OF LIABILITY FORM

**Request to Volunteer.** I, the undersigned, hereby request permission to work as a volunteer for Victory Riding Academy, Inc. ("VRA"); which volunteer activities may necessarily require my handling and control of animals and access to restricted areas of VRA and other facilities where VRA is present or providing services and in need of volunteer services, from time to time.

**Acknowledgement and Assumption of Risk.** In consideration of and as a condition to my ability to volunteer for VRA and/or enter VRA premises, I voluntarily and willingly enter in to this Waiver and Release of Liability. I acknowledge and agree there are inherent risks associated with equine activities and hereby expressly assume all risks associated with volunteering in such activities. I represent and warrant that I have, or will obtain through appropriate training, the requisite skill and experience to volunteer in such activities and assume all risk. I understand that the inherent risks associated with equine activities include, but are not limited to, the propensity of equines and other saddle animals to behave in ways such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling, or stepping on, that may result in an injury, harm or death to persons on or around them; the unpredictability of equines' reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; collisions with other animals, the limited availability of emergency medical care; and the potential of a volunteer or participant to act in a negligent manner that may contribute to injury to the volunteer, participant or others, such as failing to maintain control over the animal or not acting within such volunteer or participant's ability.

**Release.** I further acknowledge that horses and other saddle animals, by their very nature, are unpredictable and subject to animal whim. With such understanding, I, my respective personal representatives, assigns, heirs, and next-of-kin, hereby waive, release and forever discharge VRA, its directors, officers, agents, representatives, employees and volunteers ("Releasees") from any and all claims, demands, losses or damages relating to any injury, to me and/or my property, including, but not limited to, death or injury caused or alleged to be caused, in whole or in part, by my actions or inactions, or the actions or inactions of the Releasees, unless caused by Releasees' gross negligence. I assume all risks in connection with my presence on VRA's premises or activities on behalf of VRA, and expressly waive any claims for any injury or loss arising therefrom. I agree to abide by and follow VRA's rules and regulations, which shall be posted and/or available in VRA's office from time to time.

**Medical Care/Covenant not to Sue.** In case of sickness, accident or injury, VRA has my express permission to secure, at my expense, such medical treatment as it deems necessary in its sole discretion. I understand that Releasees do not carry health insurance on me and that Releasees assume no financial responsibility for any medical, health, or disability payments. I agree and covenant that I will not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against any of the Releasees for damages of any type arising from or related to my volunteer activities or presence on VRA premises.

**Confidentiality.** I acknowledge that volunteering with VRA may involve exposure to, familiarity with, and the opportunity to learn highly sensitive, confidential and proprietary information regarding the business of VRA, and its respective products, facilities, methods, business plans, techniques and services (collectively, the "Confidential Information"). I agree that the Confidential Information is the property of VRA and is and/or will be entrusted to me solely for use in my capacity as a volunteer of VRA. I agree to treat all matters relating to VRA' business as confidential, and I agree not to use, give or divulge such Confidential Information to any third party.

**Miscellaneous.** This document shall be broadly construed and governed in accordance with the laws of the State of Nebraska. If any portion of this Waiver and Release of Liability shall be held invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court of law or equity finds that any provision of this Waiver and Release of Liability is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provisions shall be deemed to be written, construed, and enforceable as so limited.

I grant VRA, the right to take photographs and/or videos of me or audio recordings of my voice during the volunteer activities and grant VRA all right, title and interest in any such photographs, videos and recordings. VRA may reproduce, publish, circulate, sell and otherwise use on behalf of VRA, any and all photographic and video likenesses of me and audio recordings of my voice. I waive any right to inspect any final artwork or copies containing my likeness or voice prior to any publication by VRA and acknowledge that the rights granted herein to VRA are perpetual and not limited in time.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND UNDERSTAND THAT BY SIGNING IT I GIVE UP SUBSTANTIAL RIGHTS THAT I WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSS OCCASIONED BY THE ACTIONS OR INACTIONS (INCLUDING NEGLIGENCE) OF RELEASEES, AND SIGN IT VOLUNTARILY AND WITHOUT INDUCEMENT AS OF THE DATE SET FORTH BELOW.

**I UNDERSTAND THAT UNDER NEBRASKA LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO NEB. REV. STAT. §§ 25-21,249 TO 25-21,253. I also understand that it is a requirement of VRA to wear a riding helmet and utilize other safety gear appropriate to my level of experience while on a horse.**

_____	_____
VOLUNTEER (SIGNATURE)	DATE
_____	_____
VOLUNTEER (PRINTED NAME)	DATE OF BIRTH
ADDRESS: _____	CELL PHONE: _____
CITY: _____ STATE: _____	ZIP CODE: _____
EMAIL ADDRESS: _____	
EMERGENCY CONTACT: _____	_____
	TELEPHONE NUMBER
RELATIONSHIP TO VOLUNTEER: _____	

**IMPORTANT: If Volunteer is under 19 years of age, both parents or legal guardians must also sign this Release.**

_____	_____
Parents/Guardians Name	Parents/Guardians Signature
_____	
Date	