



**P.O. Box 671828**  
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**RELEASE OF LIABILITY**  
**ADULT VOLUNTEER**

**PLEASE READ CAREFULLY - THIS LIMITS OUR LIABILITY**

I, \_\_\_\_\_, wish to participate as a volunteer in therapeutic riding and related activities conducted by Southcentral Therapeutic Riding, Inc., (STRIDE) at EKG Stables. As used in this Release, the term "EKG" refers to EKG Stables, Kathy Gliva, and Ed Gliva. "STRIDE" refers to the directors and officers of Southcentral Therapeutic Riding, Inc., as well as the corporation itself and any person providing services on behalf of the corporation, with or without compensation. I sign this Release in consideration of STRIDE consenting to my participation as a volunteer assisting in therapeutic riding and related activities. Such assistance may involve acting as a sidewalker or leader of horses, assisting clients of STRIDE to mount or dismount from horses, grooming or tacking horses, organizing equipment, and similar activities. I have freely and voluntarily chosen to participate as a volunteer for STRIDE and understand that execution of this Release is a condition for such participation.

\_\_\_\_\_ (Initials indicate I have read the foregoing paragraph)

I understand that the activities described above all involve the risk I will sustain injuries of sufficient seriousness to cause death, brain or neurological damage, paralysis, injury to internal organs, broken bones, lacerations, or other injuries to bones, joints, ligaments, muscles, or other aspects of the musculo-skeletal system. Such injuries can result from occurrences that include, but are not limited to, falls from horseback, horses kicking or biting, or one or more horses stepping on or colliding with me. I also recognize that STRIDE and EKG lack the resources to assure that the riding arena or other areas on the premises of EKG are free from rocks, sticks or similar hazards and that this situation also creates a risk of injury.

\_\_\_\_\_ (Initials indicate I have read the foregoing paragraph)

I am also aware of the fact that there are numerous dogs, cats, birds, and similar domestic animals kept on the premises of EKG and that I will inevitably come in contact with some or all of these creatures when engaged in activities on those premises. I understand that, as a result, I face a risk of injury resulting from bites and scratches which could take the form of lacerations or puncture wounds or, in unusual situations, injuries of sufficient severity to cause permanent incapacitation, chronic pain, or death.

\_\_\_\_\_ (Initials indicate I have read the foregoing paragraph)

I wish to participate in the volunteer activities described in the first paragraph of this release with full knowledge of the risks of death or injury described above. I agree that, in the event I suffer an injury arising out of or connected with the activities described in the first paragraph of this Release, I will not sue or otherwise make any claim or demand for compensatory or punitive damages against STRIDE or EKG and will hold STRIDE and EKG harmless from any such suit, demand, or claim.

\_\_\_\_\_ (Initials indicate I have read the foregoing paragraph)

I agree to indemnify, defend, and hold harmless STRIDE and EKG from any suit, demand, or claim asserted by or on behalf of a third person arising out of or connected with my conduct on the premises of EKG.

\_\_\_\_\_ (Initials indicate I have read the foregoing paragraph)

**I HAVE READ THIS RELEASE AND FULLY UNDERSTAND IT IS A BINDING LEGAL DOCUMENT.**

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_