

Way's Ranch Association  
215 E Morgan St.  
Quapaw, Oklahoma 74363  
918-541-3572  
[contact@waysranchhorserescue.org](mailto:contact@waysranchhorserescue.org)  
waysranchhorserescue.org



## WAY'S RANCH ASSOCIATION

### Release of Liability

I, the undersigned \_\_\_\_\_ hereby acknowledge that I fully understand the risks involved in horseback riding, including the possibility of sudden or unpredictable movements, falls, etc. by the horse and/or rider. I recognize the dangers inherent with horseback riding. I am assuming the hazard of this risk upon myself since I wish to ride horses. I realize I am subject to injury from this activity and that no form of preplanning can remove all of the danger I am exposing myself to. I hereby release Way's Ranch Association, Owners Terry and Carol Way or any of their voluntaries and employees from any and all liability for injuries including demise which might result from or arise out of my being in the proximity of horses at the grounds of said Way's Ranch Association or my mounting or riding the horse assigned to me.

In your own handwriting, write the following on the line below.

**I have read and understand the above waiver.**

Today's Date \_\_\_\_\_ Customers Signature: \_\_\_\_\_

We would like to know where or how you heard about Way's Ranch, Association:

\_\_\_\_\_

I certify, by signing below, that I am of legal age, 18 years of age or older or that I am the parent or legal guardian of the identified minor. I have read this agreement and fully understand the contents herein.

Individual's Name (PRINT): \_\_\_\_\_

Individual's Signature: \_\_\_\_\_

Individual's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Identification Presented: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date this agreement signed: \_\_\_\_\_

*Information of parent or guardian if individual is under 18 years of age:*

Parent/Guardian name (PRINT): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Identification Presented: \_\_\_\_\_

Identification Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date this agreement signed: \_\_\_\_\_

Witness Name (PRINT): \_\_\_\_\_

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

Date Witnessed: \_\_\_\_\_