

PARTICIPANT RELEASE AND WAIVER OF LIABILITY FORM
PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed on this ___ day of _____, 20__ on behalf of _____, a minor child/children (the "Participant/Participants") by _____, the parent or parents and/or guardian having legal custody and/or the legal guardianship of the Participant/Participants (the "Guardian") releases Peaceful Pastures Donkey Rescue of Missouri (the "Nonprofit") a nonprofit Donkey Rescue and Sanctuary Organized and existing under the laws of the United States as a Section 501(c)(3) tax exempt organization, each of its founders, directors, officers, employees, and volunteers.

I, the Parent and/or Guardian of the above named Participant/Participants, do hereby give my consent to his/her/their participation in all activities of the Nonprofit. The Participant/Participants and the Guardian desire that the Participant/Participants engage in activities related to serving or participating in the Nonprofit's activities as a participant. The Participant/Participants and the Guardian are responsible for the Participant's own insurance coverage in the event of personal injury or illness as a result of participation in activities of the Nonprofit.

1. Waiver and Release: We, the Participant/Participants and the Guardian, Release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities as a participant with the Nonprofit, including claims arising out of negligence. We understand and acknowledge that this Release Discharges Nonprofit from any liability or claim that we may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Participant's involvement in the Nonprofit's activities.
2. Insurance: I, the Parent and/or Guardian, affirm that the Participant/Participants is/are covered by primary medical insurance and understand that I am responsible for the Participant's medical bills if injury occurs. Further, I understand that Nonprofit does not assume any responsibility for or obligation to provide the Participant/Participants with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of the Participant's injury, illness, death or damage to his/her or their property. We expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of such injury or medical expenses incurred by the Participant/Participants.
3. Assumption of Risk: We, the Participant/Participants and/or the Guardian, understand that the activities provided by the Nonprofit and which the Participant is involved in may include activities that are inherently dangerous to the Participant/Participants, including but not limited to volunteering, donkey rides, and participating in the use and play of any activities or associated events to include use of a Bounce House if available. We hereby expressly assume the risk of injury or harm of the Participant from these activities and Release Nonprofit from all liability for injury, illness, death, or property damage resulting from these activities.
4. Photographic Release: We, the Participant/Participants and the Parents and/or Guardian, grant and convey to Nonprofit all rights, title, and interest in any and all photographs, images, video or audio recordings of the Participant/Participants or his, her or their likeness or voice made by Nonprofit in connection with the Participant's involvement in Nonprofit's events, including but not limited to: any royalties, proceeds, or other benefits derived from such photographs or recordings.
5. Medical Treatment: We, the Participant/Participants and the Parents and/or Guardian, hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the Participant's activity with the Nonprofit. We give our consent for the Nonprofit to provide, administer or obtain medical treatment for the Participant.
6. Other: We the Participant/Participants and the Guardian, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and that this Release shall be governed by and interpreted in accordance with the laws of the State of Missouri. We agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I, the Guardian of the above named Participant/Participants, express my understanding and intent to enter into this Release and Waiver of Liability knowingly and voluntarily.

Guardian's Printed Name

Signature of Guardian

Date

List Minor(s) Name(s) Below:

Current Form Date: 14 May 2022