

WONDER WOOD RANCH
8100 Wild Horse Road
Salinas, CA 93907

I, _____ / _____ (Participant/Parent or Guardian), acknowledge that I have voluntarily applied to participate in the activities at the Wonder Wood Ranch, which include but are not limited to horseback riding, grooming, and other equine-related or farm-related activities.

I AM AWARE THAT THESE ACTIVITIES MAY BE HAZARDOUS AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE.

I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____
PARENT OR GUARDIAN INITIALS (IF UNDER 18): _____

As consideration for being permitted by the Schalesky family and Wonder Wood Ranch to participate in these activities and use their facilities, I hereby agree that I, my assignees, heirs, distributes, guardians, next of kin and legal representatives will not make a claim against the Schaleskys, Wonder Wood Ranch, nor any member or officer thereof, or any affiliated person for injury or damage resulting from the negligence or other acts, however caused, by any member, employee, agent, or contractor of the Schaleskys or Wonder Wood Ranch or any of their affiliates as a result of my participation in these activities.

I RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE the Schaleskys, Wonder Wood Ranch, their officers, employees, agents, or affiliates and release them from all liability to myself, my parents, my personal representative of estate, assignees, heirs, and next of kin for any and all loss or damage, and any claims and/or demands on account of my injury or death or damage or loss of my property incurred during my presence at the Wonder Wood Ranch.

I also hereby warrant and represent that I am physically able to undertake such participation and I hereby assume the responsibility of physical fitness and capacity to perform such activities. I acknowledge and agree that the use of all services and/or facilities of the Schaleskys in connection with such activities is at my own risk.

I ALSO HEREBY CONSENT to the participation in interviews, the use of quotes, and the taking of photographs, movies or videos of the participant to be used for any related social media avenues, advertising, websites, slide or video presentations. I also grant Wonder Wood Ranch the right to edit, use, and reuse said products for non profit purposes. I release the Schalesky family, Wonder Wood Ranch, and it's officers, employees, agents, or affiliates from all claims, demands, and liabilities whatsoever in connection with the above statements.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE WONDER WOOD RANCH. I SIGN IT OF MY OWN FREE WILL.

EXECUTED AT SALINAS, CALIFORNIA ON DATE: _____

(Participant Name)

(Parent/Guardian Signature)