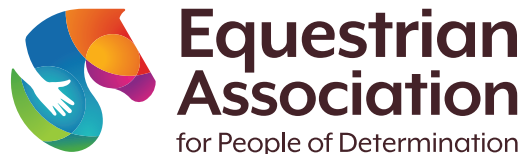


# Visitors Assumption of Risk and Indemnity Release



Visitors and/or parents/guardians of minors: please read this document carefully before signing. This document has legal consequences and will affect your legal rights and will limit your ability to bring future legal actions.

Please ENTER your details in the form below, read the attached document and, if you are in agreement with the conditions contained herein, please initial where requested and sign and date on the second page.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

CDA Volunteer Reference: \_\_\_\_\_

## Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I acknowledge that attending the premises of Equestrian Association for People of Determination (EAPD-Dubai) and thereby interacting with horses, the surrounding programme facilities, and equipment used as part of the programme or visit, (the "EAPD Visit Activities") are inherently dangerous activities that may result in damage to my property, bodily injury to me, and/or my death. I knowingly assume all risks (whether known or unknown, foreseeable or unforeseeable, or patent or latent) of participating in the EAPD Visit Activities.

I relinquish, release and discharge all employees, representatives, appointed personnel, guardians, or owners of EAPD (hereafter collectively referred to as the "EAPD Group") from, any and all rights, claims, and actions that I now have or that I may have in the future against EAPD Group, relating in any way to my participation in the EAPD Visit Activities. I agree to indemnify, defend, and hold EAPD Group harmless from and against any and all losses, claims, damages, costs, expenses (including lawyer's fees and costs) and other liabilities incurred by EAPD Group relating in any way to my participating in the EAPD Visit Activities.

This agreement shall be governed by and construed in accordance with the laws of Dubai and the United Arab Emirates. Whenever possible, each provision of this agreement shall be interpreted in a manner as to be effective and valid under applicable UAE. law, but if any provision of this agreement shall be prohibited by or invalid under applicable law, such provision shall be ineffective to the extent of such prohibition or invalidity without invalidating the remainder of such provision or the remaining provisions of this agreement. No provision of this agreement may be amended, modified, supplemented, changed, waived, discharged or terminated unless EAPD Group consents thereto in writing.

## Effect of this document

In consideration for my participation in the EAPD Visit Activities, I agree to the terms and conditions of this agreement. I acknowledge I have had sufficient opportunity to read this release of liability and assumption of risk agreement, fully understand its terms and sign it freely and voluntarily without inducement of any kind.

## Please Print Name and Sign and Date this Form

Print Name: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_ Please Initial: \_\_\_\_\_

EQUESTRIAN ASSOCIATION FOR PEOPLE OF DETERMINATION - DUBAI

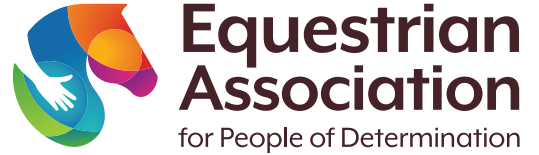
PATRON: HH SHEIKHA HASSA BINT MOHAMMED BIN RASHID AL MAKTOUM  
P.O. BOX: 88, DUBAI, UNITED ARAB EMIRATES



ASSOCIATE MEMBER:  
Horses in Education and Therapy International

[www.eapd-dubai.ae](http://www.eapd-dubai.ae)

# Visitors Assumption of Risk and Indemnity Release



If the visitor is a minor (i.e. aged under 21 on the date they sign this agreement) then their parent or guardian must also sign this Form

Parent/Guardian's Agreement and Acknowledgment of Understanding: I confirm that I am the parent or legal guardian of the above named Minor and that I have read this Agreement and fully understand its terms. I understand that by signing this form, I am limiting my rights, including my right to bring future legal actions, if any. I further acknowledge that I am signing this form freely and voluntarily. I confirm that either I or an adult aged 21 or over will accompany the Minor if the Minor is participating in the EAPD Visit Activities.

## Please Print Name and Sign and Date this Form

Print Name: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_



**ASSOCIATE MEMBER:**  
Horses in Education and Therapy International

**EQUESTRIAN ASSOCIATION FOR PEOPLE OF DETERMINATION - DUBAI**

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