



Light Center Foundation, Inc.

17421 Marengo Rd. Union, IL 60180 Ph: 815-923-2613 Fax: 815-923-2448

LIGHT CENTER FOUNDATION, REIL-C-FARM PROPERTIES, and PADDOCK HILLS STABLE VISITOR'S AGREEMENT

This agreement is made on (date) _____, by and between Light Center Foundation ("TLC") and all Reil C Farm Properties ("Reil") located at 17421 Marengo Rd., including Paddock Hills Stable, ("PHS") located at 17316 Marengo Rd., Union, IL 60180, and Visitor, including without limitation observer, spectator, participant, volunteer, service provider, or other individual,

(name) _____ residing at (address) _____

(telephone number(s) Home _____ Cell _____ (hereafter referred to as the "Visitor"). If Visitor is the parent or guardian of a child (whether sibling, client, or participant) visiting Reil, TLC, or PHS this agreement shall extend to both the parent or guardian and child and the term "Visitor" shall refer to both. The child/children to whom this agreement applies include those listed below.

GENERAL RELEASE, ASSUMPTION OF RISKS AND INDEMNITY

Visitor understands and recognizes that any animal activity can be hazardous and dangerous and that property damage, personal injury, or death can occur. Visitor likewise understands and recognizes the propensity of any animal to behave in dangerous ways that may result in injury to the participant, the inability to predict an animal's reaction to sound, movements, objects, persons, or animals, and that surface or subsurface conditions can be hazardous and unpredictable. Visitor hereby voluntarily assumes all risk of loss, property damage, or personal injury, including death, that may occur on **Reil, TLC or PHS** premises and whether caused by **Reil, TLC or PHS** and/or the visitor's animal(s) and/or equipment and/or otherwise, and whether occurring during animal therapeutic activities or otherwise, and hereby forever releases and discharges **Reil, TLC or PHS** their respective members, Board of Directors, directors, managers, agents, instructors, employees, therapists, volunteers, property owners, or animal owners, from any and all such loss, property damage, personal injury or death based on any theory of recovery, even if caused by the passive or active negligence of **Reil, TLC or PHS**, their respective members, Board of Directors, managers, directors, agents, instructors, TLC employees, therapists, Reil employees, property owners, animal owners or volunteers.

Visitor hereby agrees to defend and indemnify **Reil, TLC and PHS** and their respective members, Board of Directors, directors, managers, agents, instructors, employees, therapists, Reil employees, property owners, animal owners or volunteers against any and all claims, actions, or suits arising from or in any way connected with the presence of Visitor or Visitor's animals and/or equipment on **Reil, TLC or PHS** premises or due to participation by Visitor or of the Visitor's animal(s) and/or equipment in **Reil or TLC** programs, and whether relating to property damage, personal injury, death or otherwise.

In the event that emergency medical aid/treatment is required due to illness or injury while a Visitor at **Reil, TLC or PHS**, I authorize **Reil, TLC or PHS** to secure and retain basic first aid treatment, secure and retain any necessary medical treatment and transportation via ambulance if needed, and release client records upon request to the authorized individual or agency involved in the medical, emergency treatment. Under no circumstances shall **Reil, TLC or PHS** or their respective members, Board of Directors, directors, managers, agents, instructors, employees, therapists, Reil employees, property owners, animal owners, volunteers or anyone rendering emergency care be liable for any damages in connection with the provision of emergency care.

This General Release, Assumption of Risks, and Indemnity shall be binding upon the Visitor's heirs, next of kin, guardians, executors, administrators, and assigns. By signing below, I acknowledge that I have completely read this General Release, Assumption of Risks, and Indemnity, and fully understand it and voluntarily accept it. I also agree that invalidity or unenforceability of any terms or conditions of this General Release, Assumption of Risks and Indemnity shall in no way affect the validity or enforceability of any other terms or provisions of this General Release, Assumption of Risks and Indemnity.

This agreement is subject to the laws of the State of Illinois.
REIL REPRESENTATIVE (also acting as agent for Paddock Hills Stable

Signature Date

TLC REPRESENTATIVE

Janet H Cederlund 08-09-08

Signature Date

(MINOR VOLUNTEERS ARE ONLY PERMISSABLE WITH SPECIFIC MUTUAL CONSENT BY TLC & GUARDIAN)

Visitor or Guardian's Signature Date Printed name of minor participant or visitor AGE

Names of other child/children to whom this agreement also applies:

NAME AGE NAME AGE NAME AGE NAME AGE