



## Hillside HOPE Thru Hooves

### **CLIENT / PARTICIPANT HOLD HARMLESS – WAIVER OF LIABILITY**

I, the CLIENT / PARTICIPANT do hereby release and hold harmless Hillside HOPE thru Hooves, its officers, board members, counselors, equine specialists, employees, clients, representatives, successors, property owners, and assigns, for all manner of claims, demands, and damages of every kind and nature whatsoever, which I the undersigned (or the minor) may now, or in the future, have against them as a result of any personal injuries physical or mental, damages or death resulting from participation in the EAL (Equine Assisted Growth and Alternative Learning program), Horsemanship, Riding, or any services / activities provided while on their property. CLIENT / PARTICIPANT further releases Hillside HOPE Thru Hooves, and those above from any and all claims for personal injury or property damage, even if caused by negligence.

**Inherent Risks and Assumption of Risk.** I the undersigned acknowledge there are inherent risks associated with equine activities such as described below, and hereby expressly assumes all risk associated with participation in any activities. The inherent risks include, but are not limited to the propensity of equines to behave in ways such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them; the unpredictability of equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface and subsurface conditions; collisions with other animals; the limited availability of emergency medical care; and the potential of the CLIENT / PARTICIPANT to act in a negligent manner that may contribute to injury to the CLIENT / PARTICIPANT or others, such as failing to maintain control over the animal or not acting within such CLIENT / PARTICIPANT's ability.

I, the CLIENT / PARTICIPANT acknowledge that horses, by their very nature are unpredictable and subject to animal whim; and therefore assume all risks in connection therewith, and expressly waive any claims for any injury or loss arising there from. CLIENT / PARTICIPANT agrees to abide by and follow rules and regulations which shall be verbally given and posted . CLIENT / PARTICIPANT further acknowledges that the behavior of any animal is contingent to some extent upon the ability and physical limitations of CLIENT / PARTICIPANT. Therefore PARTICIPANT assumes all risks and warrants a full and fair disclosure of CLIENT / PARTICIPANTS abilities to Hillside HOPE Thru Hooves.

**WARNING:** You are advised that there are inherent risks, including the risk of serious injury or death, while engaging in equine activities. By engaging in equine activities and in accordance with the terms of this agreement you hereby assume all risks of injury or death.

Hillside HOPE Thru Hooves – Participant Hold Harmless – Waiver of Liability

I \_\_\_\_\_ (CLIENT / PARTICIPANT) do hereby authorize and give permission for any of Hillside HOPE Thru Hooves personnel to treat or transport me (or my child if minor) for medical treatment in case of accident / emergency if I am unable or in case of minor cannot be reached / unavailable.

The undersigned is reminded to use all precautions while on the premises and to report to personnel any possible hazards or accidents immediately. The undersigned also has read and agrees to all barn and safety rules.

I have been instructed in safety, proper attire and the inherent risks involved with the use of horses in Equine Assisted Activities and assume all responsibility and waive all rights.

Dated: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Legal Parent/Guardian: \_\_\_\_\_

Signed: \_\_\_\_\_

(must be 18 years of age or older)

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

**Medical Emergency Information:**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Clinic or Hospital \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Are You Under a Doctor's Care? \_\_\_\_\_ Medications taking and what for \_\_\_\_\_

\_\_\_\_\_

Physical Limitations or problems we should be aware of: \_\_\_\_\_

Other Medical Information we should know \_\_\_\_\_