



Therapeutic Riding through Discovery, Growth, & Learning

RELEASE AND HOLD HARMLESS AGREEMENT

Participant Name: _____ Age: _____
 Address: _____
 City/State: _____ Zip: _____
 Home Phone: _____ Business Phone: _____ Other: _____

Inherent Risks of Equine Activities

Anyone who participate in any kind of activities on or about horses, including riding, training, assisting in medical treatment of horses, driving or being a passenger on a horse, or assisting a participant in a horse show or assisting show management, but does not include merely being a spectator to an equine activity, is considered to be engaged in an equine activity.

Equine activities hold inherent risks, defined by statute to include:

(1) the propensity of horses to behave in ways that may result in injury, harm, or death to persons on or around them; (2) the unpredictability of a horse's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other horses or objects; (5) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

Acknowledgement of Risk

I, _____, acknowledge that I have read the above statements and definitions, and hereby indemnify and hold harmless, Horses with Hope, and their employees or owners from any liability arising from accident, injury, theft, or damages to myself, my representatives, and helpers, all equipment and property, and all animals under my jurisdiction. I understand that I must wear a helmet, secured with a harness, at all times when participating in an Equine Assisted Activity offered by Horses with Hope, Inc. I have been informed of Horses with Hope Barn Rules and Policies and Procedures and will adhere to them strictly. This agreement shall continue for each and every visit to participate in an Equine Assisted Activity offered by Horses with Hope, Inc.

The terms of this release form shall be construed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties. The terms of this release shall be governed by the laws of the Commonwealth of Pennsylvania.

If under 18, the parent or guardian must read and sign the above, indicating his/her acceptance.

Date: _____ Signed: _____
 (participant)
 Date: _____ Signed: _____
 (parent/guardian if minor)

Grant of Permission

I/we the undersigned, (participant above named for, if minor, parents/guardians) hereby grant permission and authority to Horses with Hope, its officers and authorized representatives to act for us in executing verbal instructions of if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the participant named above in the event of any perceived medical emergency. I hereby covenant and agree to release Horses with Hope, their officers, agents, and employee, and owners of any property concerned, and hold harmless from liability for any injury or damage which the rider may sustain while at _____, or participating in any activity sponsored by Horses with Hope and from any liability connected with obtaining prompt medical attention for the participant named above.

If under 18, the parent or guardian must read and sign the above, indicating his/her acceptance.

Date: _____ Signed: _____
 (Participant)
 Date: _____ Signed: _____
 (Parent/Guardian; if minor)