



**Waiver, Release of Liability, Indemnification and Consent Form**

I, the undersigned, (as the parent or legal guardian, if the participant is a minor) named below, do hereby give my full consent and approval for participation as a member of the HEALING HANDS HORSEMANSHIP, INC Equine-Assisted Activities and Mentorship Program.

I understand that there are certain risks of damages and injuries, including death, inherent in the practice of caring for and riding of horses' incidental to my, (or my child's) participation and I am willing to assume these risks on behalf of myself (and, or my child). These risks include, but are not limited to, those hazards associated with weather conditions, horseback riding activities, horse handling, equipment and other participants.

I understand that handling and riding horses can be dangerous to participants and others and may result in serious injury or death. I understand that the very nature of the equitation is hazardous and risky, including, but not limited to, the unpredictable reactions of the horses, the other riders or participants actions, malfunctions of tack and safety gear, climbing and sitting on top of a horse or in a saddle that is high off of the ground, slipping or falling off of a horse, moving at high speeds on top of the animal, riding a horse over obstacles, a hoof stepping onto a human foot, horses bite and kick, all of which can cause serious injury or death to myself, or my child and to other participants.

Further, I agree that in consideration for the right to participation, or to allow my child to participate as a member of the riding program designated below and in consideration for permission to practice on the grounds arranged for by the coach or teacher at HEALING HANDS HORSEMANSHIP, INC:

1. On behalf of (my child and) myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by myself (or my child) (a) while practicing or horseback riding, (b) while serving in a non-active capacity as a ranch hand or observer during lessons or instruction for other riders or by other coaches who are also in my (or my child's) equestrian program, and (c) while on or upon the premises of any and all of the locations arranged for by the coach(s) or the HEALING HANDS HORSEMANSHIP, INC program for practice or events.
2. In addition to giving my full consent for my (or my child's) participation, I do hereby waive, release, discharge and agree not to sue the program designated at HEALING HANDS HORSEMANSHIP, INC, the owner GINA HERY or operators of any field, or any person or entity connected with the coach or residence for any claim, damages, costs including attorneys fees, or cause of action which I or my child have or may have in the future as a result of damages, injuries, including death, sustained or incurred by myself or my child from whatever cause including, but not limited to, the negligence, breach of contract or wrongful conduct of the parties hereby released.
3. All sales are final, no refunds for any reason. I understand that the amounts paid by me are accepted as the donated amounts given to participate. I further acknowledge that I have agreed to pay in accordance with the agreements and will not expect any amounts as a refund for any reason.

I hereby certify that the participant is fully capable of participating in the activities offered by GINA and the HEALING HANDS HORSEMANSHIP, INC and that this participant is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to the coach.

I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify the parties hereby released from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of myself or my child, even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released.

I acknowledge (a) that I have read (or have had read to me) each and every one of the provisions in this waiver, release of liability and indemnification agreement, (b) that I understand each of the provisions in this agreement and (c) that I agree to abide by them.

**LIABILITY RELEASE ACKNOWLEDGMENT**

**FULL NAME OF PARTICIPANT / STUDENT:**  
(please print)

\_\_\_\_\_

Complete address: \_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_

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

**STUDENT SIGNATURE (or Guardian SIGNATURE, if Student is a Minor):**

\_\_\_\_\_

**Date signed:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PHOTO RELEASE:** (Please circle one) **YES / NO**

**I agree to allow Healing Hands Horsemanship to use my, or my child's, photos taken during activities, and use for promotions and, or advertising.**

**IF PARTICIPANT IS A MINOR, PLEASE COMPLETE THIS SECTION:**

**Name of parent or legal guardians:**  
**(PLEASE PRINT)** \_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_ / \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

\*\*\*\*\*

**OFFICE USE ONLY:**

Date HHHI received signed acknowledgment of Liability Release, \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount\$ received \_\_\_\_\_ START DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MEMBERSHIP Plan: \_\_\_\_\_