

MUST CONTAIN ORIGINAL SIGNATURE

PLEASE READ CAREFULLY AND INITIAL BESIDE EACH STATEMENT BELOW:

_____ I understand that horses are independent living beings with their own minds and as such, can never be entirely predictable.

_____ I understand that there are always elements of risk in equestrian activities, including permanent disability or death, that common sense and personal awareness can help reduce.

_____ **I am aware that at all times when on Days End Farm Horse Rescue, Inc. (DEFHR) property it is MY RESPONSIBILITY to:**

1. Be alert and respectful of horses' intentions signaled with their ears and eyes and carried out with their teeth and hooves.
2. Speak in a reassuring tone when approaching a horse or horses and avoid sudden movements or noises.
3. Never leave horses unattended with their stall door open, in the stable aisles, while they are cross-tied, or in the riding arena.
4. Always lead horses properly with a lead shank.
5. Always wear appropriate clothing including durable shoes.
6. Pick up and replace tack and equipment I have used in the barn or arena.
7. Know locations of emergency telephones, ambulance and veterinarian's phone numbers, and farm staff.
8. Know all fire emergency procedures and never be intoxicated in the stable or allow others to do so.
9. Read and obey all posted information and warnings.
10. Comply promptly with all verbal directions of DEFHR staff and instructors unless I believe that by doing so I will endanger myself, other people, or horses, in which case I will immediately express my opinion to the person involved.
11. Refrain from acting in any manner which may cause or contribute to my injury or the injury of other people or horses.

_____ **I am aware that at all times when riding, it is my responsibility to:**

1. Never ride alone.
2. Check all equipment and tack including the saddle, girth, straps, bridle, bit and curb strap prior to use for signs of weakness and proper adjustment.
3. Use proper equipment and attire including a regulation hard-hat with a chin harness snugly fastened at all times and boots with heels. I also understand that regulation hard-hats are available for use at DEFHR and that if I choose not to do so, I am wholly responsible for any consequence of not doing so.
4. Ride in control **ONLY** on horses rated within my ability level.
5. Be constantly aware of, anticipate, and be able to avoid nearby horses, people, obstacles, natural and man made hazards.
6. Never tailgate and always audibly alert nearby riders and people on the ground in advance of changes in direction or when overtaking another horse.

_____ I understand that this is only a partial list, and I must be safety conscious and exercise sound judgment **AT ALL TIMES**. ANYONE found to be endangering themselves, other people, or horses faces immediate revocation of riding privileges **WITHOUT EXCEPTION** and removal from the premises.

Date: _____

Participant*: _____

Parent(s) and/or guardian(s): _____

***Participant:** Defined as any individual who knowingly participates in any DEFHR activity both on or off DEFHR property, including lessons, barn labor, farm labor, educational activities, fund raising activities and any other activity at any location sponsored by DEFHR.

Last Name _____

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Must be submitted for EVERY DEFHR *participant. One copy must be in the possession of DEFHR at all times. A "Change of Information" form must be submitted to DEFHR in the event of any changed information. It is the responsibility of the Participant to ensure that all information is accurate.

Required information: PLEASE PRINT

Participants Name _____ Birth date _____
Address _____ City: _____ State: _____ Zip: _____
Phone Number (work) _____ (home) _____
Parent or Guardian _____ Phone Number (work) _____
(home) _____
Address _____

Health Insurance Carrier _____ Policy Number _____
Health Insurance Phone Number _____

Friend or Neighbor _____ Relationship _____
Address _____ City: _____ State: _____ Zip: _____
Phone Number (work) _____ (home) _____

Family Physician _____ Phone Number _____
Address _____ City: _____ State: _____ Zip: _____
Date of Last Tetanus Shot _____
Any Special Medical Problems or Allergies _____

Signature of Participant _____
Date _____
Signature of Parent or Legal Guardian _____
Date _____ (for every participant age 18 or younger)

Optional: AUTHORIZATION TO CONSENT TO TREATMENT

To be filled in and signed by adult participant, or parent(s) or legal guardian(s) of minor, if desired. The undersigned participant, _____, and parents or legal guardian of a minor participant, whose medical insurance is carried by _____, Policy number _____, authorizes members of DEFHR as agent(s), to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician, licensed emergency medical technician, or surgeon, whether on DEFHR property, in a remote location in an office or in a licensed hospital. This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the health-care giver may deem advisable. This Authorization shall remain effective indefinitely unless revoked in writing.

Date _____ Participant _____
Date _____ Parent _____
Date _____ Legal Guardian _____
(for participants under 18)

***Participant:** Defined as any individual who knowingly participates in any DEFHR activity both on or off DEFHR property, including lessons, barn labor, farm labor, educational activities, fund raising activities and any other activity at any location sponsored by DEFHR.

MUST CONTAIN ORIGINAL SIGNATURE BEFORE HANDLING ANY HORSE

The Undersigned _____ (PRINT NAME), does hereby acknowledge and assumes the risk of participation in any and all horse related activities, including riding, at DEFHR or in any and all locations where DEFHR activities take place. He/she does hereby acknowledge that he/she will release, Days End Farm Horse Rescue, Inc., its officers, staff members, volunteers, instructors, advisors, and/or agents in any location where horse related activities are conducted or horses and/or property are used, of and from all claims which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered by said minor or to any property, because of any matter, thing, or condition, negligence or default whatsoever, and they hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any person or persons whatsoever.

It is further agreed and understood that he/she shall maintain in full force and effect, a policy of insurance covering medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities at Days End Farm Horse Rescue, Inc. as aforesaid. He/she shall also agree that if he/she does not maintain in full force and effect a policy of insurance, he/she is still liable for medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities involving Days End Farm Horse Rescue, Inc. as aforesaid. Liability insurance is also strongly urged. He/she hereby agrees to assume all expenses, medical, liability, or otherwise, arising out of any injury to him/her or other individual associated with or while participating in any horse related activity or event either at Days End Farm Horse Rescue, Inc. or at a remote location, and understands that **Days End Farm Horse Rescue, Inc. does not provide health, accident, or liability insurance to participants in horse related activities.**

The person executing this release acknowledges that there is a valid consideration to executing this release.

The invalidity of any statement or waiver of rights above under local, state or federal law does not invalidate any other statement or waiver of rights above.

Emergency Information

This form with original signatures must be completed and submitted for EVERY participant to DEFHR before engaging in ANY horse related activity on DEFHR property. One copy must be kept at all times in the possession of DEFHR at all times.

Please notify the following individual(s) immediately in the event of a medical emergency:

Name _____ Relationship _____
Address _____ City: _____ State: _____ Zip: _____
Phone Number (work) _____ (home) _____

Any special medical conditions or medications that emergency personnel should be aware of: _____

Dated this _____ day of _____, 20_____.

Signature of Participant

Date of Birth

Signature of Parent or Guardian

Date

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