



US Horse Welfare & Rescue Org/ Nod Hill Farm LLC

Participant Registration Form & Release of Liability

TODAY'S DATE: _____ **ACTIVITY: Riding Lesson, TTTR, BB, or _____ (fill in blank)**

Participant's (First/Last) Name: _____

Parent/Legal Guardian (First/Last) Name: _____

Email _____

Address (Street, City, State, Zip): _____

Best Contact Number: _____ Secondary #: _____

Secondary Contact Name: _____ Number: _____

Hospital Preference: _____

Physician's Name: _____ Number: _____

OPTIONAL: AUTHORIZATION FOR TREATMENT

By law, without your permission, we may not assist in even putting a Band-Aid on your minor child. If you would like us to be able to treat your child for minor injury, or to stand-in to ensure your child's care until you are able to be present with your child, please consider signing this. Feel free to write in any limitations you wish to on this form.

The undersigned participant* and parents or legal guardian of a minor participant*, authorize members of USHWR as agent(s), to consent to any emergency medical treatments including 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 USHWR property in a remote location, in an office or in a licensed hospital in the absence of a legal representative and until a legal representative is able to take charge of the participant's care. This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the health caregiver may deem advisable/necessary in emergent situations. This Authorization shall remain effective indefinitely unless revoked in writing.

Signature: _____ Date: _____
(participant* or parent/guardian if under 18)

Health Insurance Carrier: _____

Health Insurance Phone Number: _____ Policy Number: _____

Family Physician Phone Number: _____

OR (INITIAL HERE) _____ I DO NOT CONSENT TO ANY MEDICAL TREATMENT, BUT ONLY CONSENT TO USHWR CALLING FOR AN AMBULANCE/EMERGENCY MEDICAL PERSONNEL FOR MYSELF AND/OR MY MINOR CHILD.

OR, I LIMIT THE TREATMENT USHWR, AND THEIR REPRESENTATIVES MAY GIVE MY MINOR CHILD TO THE TREATMENT OF SUPERFICIAL WOUNDS AND (PLEASE WRITE IN HERE)

SIGNED & DATED: _____

US Horse Welfare & Rescue Organization Liability Release

Witness this agreement this _____ day of _____, 20__ by and between _____ (owner of 345 Waterville Rd, Avon, Owner/manager of Nod Hill LLC, and the nonprofit known as US Horse Welfare & Rescue Org, any and all family members, employees, volunteers, Board Members, independent contractors, and all other assigns hereinafter collectively referred to as the Management and _____ (participant or parent of minor participant) , hereinafter both referred to as the Participant. For consideration received, and in return for the use, today and on all future dates of the property, facilities, animals, and services provided by the Management, the Participant, Participant's heirs, assigns, and representatives, hereby agree as follows:

I acknowledge there are Inherent Risks associated with equine activities and accept the Inherent Risks and Assumption of Risk associated with any and all equine activities involving the Management. Such Inherent Risk equine activities **include but are not limited to Hug-A-Horse events, Musical or Fundraising events, Horsebackriding, EA Therapy, and Learning sessions, Wellness activities, and various children, teen, and adult programs**, and hereby expressly assume all risks associated with participating in such activities. _____(Initials and date)

Participant acknowledges and accepts that 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 equines' reactions 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 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 such participant's ability. _____(Initials and date)

Participant acknowledges that horses, by their very nature, are unpredictable and subject to animal whim. Participant assumes all risks in connection therewith and expressly waives any claims for any injury or loss arising therefrom. Participant agrees to abide by and follow Management's rules and regulations which shall be posted and /or available from time to time. Participant acknowledges that the behavior of any animal is contingent to some extent upon the behavior and skills of the participant. Participant assumes all risks therefore and warrants a full and fair disclosure of Participant's ability as they relate to horse handling, horseback riding, and other close contact activities involving the horses has been made to Management. _____(Initials and date)

Participant expressly releases Management from any and all claims for personal injury or property damage, even if caused by negligence (as allowed by laws of the State of CT), by Management or its representatives, agents, or employees. _____(Initials and date)

Participant agrees to hold harmless, indemnify and defend Management against, and hold harmless from, any and all claims, demands, causes of action, damages, judgments, orders, costs or expenses, including attorney's fees, whether actually incurred or not, which may in any way arise from or be in any way connected with Participant's use of or presence upon the property of Management and the facilities located thereon. _____(Initials and date)

In the event Participant/Rider is using Participant's own horse, or horse(s) not owned by the Management, Participant warrants said horse(s) shall be free from infection, contagious or transmittable diseases. Management reserves the right to refuse access to or use of any horses upon the premises that does not appear to Management to be in good health or deemed dangerous or undesirable. _____(Initials and date)

Any action brought under this agreement shall be brought within one (1) year of the incident or accident giving rise to said claim. Participant agrees that damages shall be limited to \$250 for property damage and a maximum of \$1500 for damages such as pain and suffering. _____(Initials and date)

Participant agrees to waive the protection of any applicable statutes in this jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing said release. Participant accepts that for security purposes video/audio equipment is in use on the property at all times. Furthermore, by signing this agreement the Participant is giving USHWR, Nod Hill LLC, and all assigns permission to take and use for publicity purposes, photographs which may or may not include them during their activities and their time at Nod Hill, or off-premises should any activity be elsewhere.

WARNING

UNDER CONNECTICUT LAW, each person engaged in equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, activities, and the care of the animal.

MANAGEMENT/OWNER

Signature _____

Print Name _____ **DATE** _____

PARTICIPANT/RIDER ACKNOWLEDGMENT (PARENT OR GUARDIAN)

Full Name of Participant (Print Legibly) _____

Full Name of Legal Guardian (Print Legibly) _____

Email Address (Print Legibly) _____

Best Phone Number _____

Signature _____ **Date** _____

Witness Signature _____ **Name** _____