

Bridle of Hope
2874 146th Ave SW
Byron Center, MI 49315
(616) 617-4958



RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

(This agreement does not guarantee participation with horses.)

****PLEASE READ IN ENTIRETY BEFORE SIGNING****

Participant Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Emergency Contact:

First Name: _____ **Last Name:** _____ **Date of Birth:** _____

Home Phone: _____ **Cell Phone:** _____

Relationship to participant: _____

Medical Insurance:

Insurance Company: _____ **Policy Number:** _____

Group Number: _____ **No Medical Insurance (check here)** _____

Authorization/Consent for Emergency Medical Treatment:

In the event emergency medical treatment is required, due to injury or illness while on Bridle of Hope's property, I authorize, Bridle of Hope to obtain emergency medical treatment via EMS. This authorization includes x-rays, surgery, hospitalization, medication, and/or any treatment deemed necessary and/or "life-saving" by the hospital physician. This will only be invoked if the emergency contact person(s) listed above cannot be reached. **Should medical treatment be required, I and/or my medical insurance company shall pay for ALL such incurred expenses.**

Consent Signature: _____ **Date:** _____

Printed Name: _____

Medical Questions:

Does this participant have any physical or medical condition(s), which may affect his/her safety and/or ability to work and/or ride horses? _____

Does this participant take any medication(s)? _____ (Please list) _____

Does this participant have any allergies to medications? _____ (Please list) _____

Photo Release: I give Bridle of Hope permission to take photos of myself/child for use in publications, videos, books, newsletters, website, etc. (Check one) Yes _____ No _____

In consideration of being permitted to participate among and on horses on the premises of or under the auspices of Bridle of Hope, on behalf of the individual named above, we will collectively refer to "PARTICIPANT" in this release. I acknowledge, appreciate, and agree that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis or death. This risk includes but is not limited to my being in the presence of, mounted on, and/or leading horses and includes but is not limited to property damage, injury, or death resulting from the dangers or conditions that are an inherent risk of equine activity. "Inherent risk of an equine activity" means a danger or condition that is an integral part of an equine activity, including but not limited to any of the following: (a) An equine's propensity to behave in ways that may result in injury, harm, or death to a person on or around it, (b) The unpredictability of an equine's reaction to things such as sounds, sudden movements, people, other animals, or unfamiliar objects, (c) A hazard such as a surface or subsurface condition, (d) Colliding with another equine or object.

SADDLE GIRTH LOOSENING: I/We acknowledge that the saddle girth, around the horse's belly, may loosen during a riding session. Participants must alert the instructor/volunteer of any girth looseness and/or shifting saddle so that tightening of the girth can be done to avoid slippage of the saddle and the potential for the participant to fall from the horse.

By signing this **RELEASE OF LIABILITY I UNDERSTAND AND KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, EVEN IF ARISING FROM THE NEGLIGENCE OR LEGAL LIABILITY** of those persons released from liability below, and assume full responsibility for my participation. I understand that there may be other risks, as well, and I agree to assume them; I am not relying on Bridle of Hope to list all possible risks for me.

I will comply with all rules and regulations of Bridle of Hope. If I have any questions, or observe any unusual or unnecessary hazard during my participation, I will immediately notify the nearest Instructor, Director, or Manager of Bridle of Hope.

I feel that the possible benefits to myself/my son/my daughter/my ward of participation in equine activities or being around horses or on Bridle of Hope's property are greater than the risk assumed. I hereby, intending to be legally bound, for myself on behalf of my heirs and assigns, personal representatives, and next of kin, waive and release forever all claims of damages against Bridle of Hope and its Officers, Directors, Instructors, Aides, Volunteers, Employees, Donors, and affiliated persons for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Bridle of Hope horsemanship programs, either on or off site, or while being on or near the premises of Bridle of Hope.

Michigan Law:

Under the Michigan equine activity liability act, an equine director is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine

activity. This release shall be valid starting from date executed for as long as participant either (1) participates in any activities associated with or (2) is on or near the premises of Bridle of Hope. If participant is a minor, Parent or Legal Guardian executes this agreement on behalf of himself/herself as well as the minor child or legal ward, (Minors will be required to complete a new form at age 18 or upon change of guardianship).

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR COERCION BY ANYONE.

I give my child, _____, permission to participate in equine riding, training instruction and/or participation in other ranch activities.

PARENT/GUARDIAN SIGNATURE: _____
DATE _____

ALL RIDERS UNDER 18 MUST WEAR PROTECTIVE HELMETS, AND FOOTWEAR APPROPRIATE FOR EQUINE ACTIVITIES.

PROTECTIVE HEADGEAR WARNING: I agree that for myself and on behalf of my child and/or legal ward have been fully warned and advised by Bridle of Hope that protective headgear should be worn while riding and I do understand that the wearing of such headgear at these times may reduce the severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences.

RIDER _____ Parent/Guardian _____
DATE _____

*****Anyone 18 and over who refuses to wear a helmet must sign the release below.*****

PROTECTIVE HEADGEAR REFUSAL: I/WE refuse to wear any type of protective headgear and/or will provide MY/OUR own. I/WE accept **FULL** responsibility for MY/OUR safety in this decision.

RIDER _____ Parent/Guardian: _____
DATE _____