

Equine and Recreational Programs for Children and Adults with Challenges

PARENTAL/GUARDIAN AUTHORIZATION AND RELEASE FORM MINOR/DEPENDENT RELEASE, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

The undersigned person ("Guardian"), being the parent, legal guardian, or other person authorized by law to enter into this
Authorization and Release on behalf of ("Participant"), a minor aged 17 or younger,
or a mentally challenged individual of any age, enters into this on behalf of the Participant. Guardian and Participant desire that
Participant participate in one or more events and activities sponsored, organized, sanctioned, and/or held at facilities provided by the
Hooves and Halos, which may, or may not, include equine and livestock activities.
Guardian hereby gives permission for Participant to engage one or more activities sponsored, organized, sanctioned, and/or held at
facilities provided by Hooves and Halos. Guardian, individually and on behalf of Participant, VOLUNTARILY ELECTS TO
ACCEPT ALL RISKS connected with Participant's participation in any activities or events sponsored, organized, sanctioned, and/or
held at facilities provided by Hooves and Halos. Guardian is aware and fully informed that the contemplated activities and events
involve certain inherent risk, that cannot be eliminated regardless of the care taken, of personal injury, death, and/or property
damage.
Guardian, individually and on behalf of Participant, RELEASES, DISCHARGES AND COVENANTS NOT TO SUE Hooves and
Halos, its officers, directors, agents, and employees (all hereinafter collectively referred to as the "Released Parties") from any and all
claims and liability arising out of strict liability or ordinary negligence of the Released Parties or any other participant which causes
Participant or Guardian personal injury, death, or property damage. GUARDIAN, INDIVIDUALLY AND ON BEHALF OF
PARTICIPANT, COVENANTS TO HOLD THE RELEASED PARTIES HARMLESS AND TO INDEMNIFY RELEASED
PARTIES FROM ALL CLAIMS, JUDGEMENTS, AND/OR EXPENSES THE RELEASED PARTIES MAY INCUR ARISING
OUT OF PARTICIPANT'S PARTICIPATION IN THE ACTIVITIES AND EVENTS THAT ARE SPONSORED, ORGANIZED,
SANCTIONED, AND/OR HELD AT FACILITIES PROVIDED BY HOOVES AND HALOS. GUARDIAN'S INDEMNITY
OBLIGATION EXTENDS TO ACTS AND OMISSIONS CAUSED BY THE SOLE AND CONCURRENT NEGLIGENCE OF
HOOVES AND HALOS.
Guardian acknowledges that if the Participant does not adhere to the activity rules during the activity, Guardian will be notified and
requested to pick up the participant.
Guardian hereby gives the representatives of Hooves and Halos permission to seek first aid treatment and consent to emergency
medical services on behalf of the Participant should a medical emergency arise. Guardian acknowledges that Hooves and Halos
consent to emergency medical treatment will in no way create an obligation on the part of the Hooves and Halos to pay for the medical
services rendered.
Please initial spaces below, if you <u>are</u> giving consent, and sign at the bottom.
My child /dependent has permission to attend the playday.
My child/dependent has permission to ride the horses and participate in all activities provided.
PHOTOS: My child has permission to have his/her picture taken (Newspaper, school, website, and
promotional flyers for the Playday). I understand that the Hooves and Halos representatives can NOT control all
photographs and will not hold this organization or it's representatives responsible for photos that are shared in any
DIDLOGICULIADAS ANA WILLION TOLO TOLO LITIS OF MUNICALION OF TLS FROM ESCHLALIVES FRESDONSIDIE FOI DITOLOS LITAL ATE STATEM IN ANY

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risks, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue..

I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

PARENT OR GUARDIAN:	
PRINTED NAME OF PARENT OF GUARDI	AN
DATE:	PHONE:

form.