



a nonprofit equine assisted learning center

2017 RoundPen

Participant Registration and Release Form

This Participant registration and liability release form is entered into on this _____ day of _____, 2017, by and between *Returning Glory*, a non-profit corporation and “Participant” (collectively referred to herein as “Participant”).

1. REGISTRATION:

Group Name: _____

Participant: _____ *Date of Birth:* _____ *Age:* _____

Street: _____

City: _____ *State:* _____ *Zip Code:* _____

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

Email address: _____

In Case of Emergency Contact:

1. *Name* _____ *Relationship* _____ *Phone* _____

2. *Name* _____ *Relationship* _____ *Phone* _____

3. *Name* _____ *Relationship* _____ *Phone* _____

2. EXPERIENTIAL LEARNING SERVICES

This form is to verify that I, _____, hereby understand, as Participant, parent, or legal guardian, that the equine activities offered by RoundPen at *Returning Glory* ranch specifically consists of an equine assisted learning experience, an equine assisted growth and development program. The Facilitator of *Returning Glory* has clearly explained to above named, that as Facilitator, they are not certified or licensed counselors and/or therapists and, therefore, *Returning Glory* does not offer any of these services to Participant.

3. RELEASE OF PARTICIPANT INFORMATION

The *Returning Glory* Facilitator will release information only to the parents/guardians of Participant under parent/guardian’s direct care and legal authority. It is the option of Participant, parents/guardian in authority to release any information to the counselor/therapist of their choosing to benefit Participant. Session confidentiality is of utmost priority.

Initial _____

4. CONSENT AND WAIVER OF LIABILITY

Participant named above (Participant), hereby requests that he/she be accepted into the equine assisted experiential learning program for growth and development, at *Returning Glory*. Participant acknowledges that *Returning Glory* has fully explained to Participant the scope of the equine-assisted growth and development program, including the potential for injury, even death, which can occur from riding horses, caring for horses or being involved in equine experiential learning activities. Because of the potential benefits of the equine-assisted program, Participant hereby waives any claim which Participant may have against *Returning Glory*, its employees, volunteers, contract personnel, agents, or donors arising out of any injury which Participant may sustain while involved in the equine-assisted program, including without limitation injuries caused by the negligence or fault of *Returning Glory*, its employees, volunteers, contract personnel, agents, or donors unless caused by the willful misconduct or gross negligence of *Returning Glory*, its employees, volunteers, contract personnel, agents, or donors.

Participant assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury, including the possibility of death, and physical harm to horse, rider and spectator. In consideration, therefore, for the privilege of riding and/or working and/or participating in activities around horses at *Returning Glory*, Participant does hereby agree to hold harmless and indemnify *Returning Glory*, its employees, volunteers, contract personnel, agents, or donors and further releases them from any liability or responsibility for accident, damage, injury or illness to Participant or to any horse owned by Participant or to any family member or spectator accompanying Participant on the premises, including without limitation injuries caused by the negligence or fault of *Returning Glory*, its employees, volunteers, contract personnel, agents, or donors.

Participant agrees to fully and forever release and hold harmless *Returning Glory*, and other instructors employed by; volunteering for, or representing *Returning Glory* from any and all liability due to injuries, claims, damages, actions or losses which may arise out of the instruction and/or training of Participant (or Participant’s minor child) or the training or boarding of Participant’s horse. This includes, but is not limited to, any economic or non-economic losses due to bodily injury or property damage sustained in connection with all activities including riding, handling, boarding or otherwise being in the vicinity of horses owned by or in the care, custody and control of *Returning Glory*.

5. AUTHORIZATION TO SECURE EMERGENCY MEDICAL TREATMENT

Participant hereby grants to *Returning Glory*, its employees, volunteers, and contract personnel the authority to secure emergency medical treatment if Participant is injured and unable to make such decisions. Participant also authorizes *Returning Glory*, its employees, volunteers, and contract personnel to release any health care provider the following information contained in this contract:

Physician’s Name: _____ Phone: _____

Health Insurance Co: _____

(Please attach a copy of the front and back of your insurance card to this form)

Participant hereby releases and holds *Returning Glory* harmless from any duty to procure or provide medical treatment or care for or to Participant. *Returning Glory* shall not be responsible for any third parties’ wrongful acts, negligence or failure to render care to which causes injury or death to Participant.

Participant certifies that he/she has adequate insurance to cover any injury or damage Participant may cause or suffer while participating, or else Participant agrees to bear the costs of such injury or damage. Participant further certifies that he/she is willing to assume the risk of any medical or physical condition Participant may have.

6. RESTRICTED ACCESS TO OFFICE/FARM

Participant must maintain scheduled times to visit the *Returning Glory* Facility. Participant must check in with the office upon arrival before entering the barn or arena. No client, parent or family member may enter the barn, pasture or arena area without a *Returning Glory* facilitator. These restrictions are to ensure everyone’s safety and must be strictly adhered to.

Initial _____

7. PHOTO RELEASE (Please initial which option you choose)

YES _____ For valuable consideration given and which is hereby acknowledged, Participant hereby grants to *Returning Glory* permission to take or have taken still and moving photographs and films including television pictures of me, our/my daughter – son – ward, _____ and consents and authorizes *Returning Glory*, its advertising agencies, news media, and any other persons interested in the program and its work, to use and reproduce the photographs, film, and pictures and to circulate and publicize the same by all means including without limiting the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional material, books and clinical material. With respect to the foregoing matters, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of *Returning Glory* to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding *Returning Glory* and its work.

NO _____ I do not give *Returning Glory* permission to use and reproduce photographs, film or pictures as described above.

8. DECISION FOR SAFETY EQUIPMENT

Trainee fully understands the need for proper equine safety equipment including, but limited to, riding helmets and riding boots with 1” heel. Trainee, _____, understands that he/she is responsible to make the decision to wear or not to wear proper equine safety equipment.

9. INHERENT RISKS TO EQUINE ACTIVITY PARTICIPANTS

Participant understands that there are risks inherent in equine activities including, but not limited to (1) the propensity of horses to behave in ways that may result in injury, harm or death to persons on or around them and/or damage to property in their vicinity (2) the unpredictability of a horse’s reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals, regardless of its training and past behavior (3) certain hazards such as surface and subsurface objects (4) collisions with other horses, animals, people and objects and (5) the potential of Participant to act in a negligent manner that may contribute to injury to Participant or others, such as failing to maintain control over the animal or not acting within his ability. I understand that the handling, use and riding of a horse involves the risk of personal physical injury, including, but not limited to, lacerations, bruises, fractures, head injuries and death. With full knowledge and awareness of these and all other dangers inherent to the sport of horseback riding and equine activities, I am knowingly participating in and volunteering for the equine program with *Returning Glory* (and their agents, employees and assigns) and voluntarily engage myself in these activities and fully assume all risks involved.

WARNING

UNDER MISSOURI LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO THE REVISED STATUTES OF MISSOURI.

IN THE EVENT ANY PROVISION HEREIN IS DEEMED TO BE INVALID OR UNENFORCEABLE BY A COURT OF LAW, THE REMAINING PROVISIONS HEREIN SHALL REMAIN IN FULL EFFECT.

Participant has read the release.

Signature of Participant

Date

Signature of Parent/Guardian
(Must be signed by Parent/Guardian if Participant is legally incapable of giving consent)

Date

Representative of Returning Glory

Date