



CENTER FOR EQUINE THERAPY

EQUINE INTERACTION

PARTICIPANT INFORMATION FORM

for Unmounted Observation and/or Equine Interaction

Please fully complete all of the information on the front and back of this form.

Participant Name: _____ Date: _____

DOB: _____ Gender: _____ Ethnicity: _____

Address: _____

Telephone: _____ Email: _____

If you are with a group, please list the name: _____

MINORS/WARDS:

Parent/Legal Guardian/Caretaker _____

Address: _____

Telephone: _____ Email: _____

Signature: _____

Date: _____

PHOTO RELEASE

I DO

DO NOT

Give my permission to have still and/or moving photographs and films, including, but not limited to, television, pictures of myself or my minor/ward (name) _____, and consent and authorizes Southern Reins Center for Equine Therapy, and its advertising agencies, news media, PATH Intl., and any other persons interested in Southern Reins, and its work, to use and reproduce the photographs, films 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, clinical and/or research material and books.

Signature: _____

Date: _____

Participant/Parent/Legal Guardian/Caretaker

RELEASE OF LIABILITY

Under Tennessee law, an equine sponsor or equine professional, or any other person, including corporations and partnerships, are immune from liability for the death or injury of a participant, which resulted from the inherent risks of equine activities. Inherent risks of equine activities mean those dangers or conditions that are an integral part of engaging in an equine activity, including, but not limited to, the possibility of an equine behaving in ways that may result in injury, harm, or death to persons on or around them and/or the unpredictability of an equine's reaction to such things as sounds, sudden movement, unfamiliar objects, persons or other animals. I recognize that horseback riding, assisting in riding lessons, caring

for and being in the near vicinity of horses, are high-risk activities that can result in mortal or serious injury and/or property loss both to my person and my property, as well as the person or property of others. I hereby agree that my involvement in such activities and/or my presence at Southern Reins Center for Equine Therapy is at my own risk, and that I hereby assume full responsibility for, any death or bodily injury to myself or others, and damage or destruction of my property or the property of others. My responsibility includes, but is not limited to, (1) payment of medical costs for myself and others that I may have injured, (ii) costs to replace my own property or the property of others that I may have lost, destroyed, or damaged, and (iii) damages for other non-medical and non-property items such as pain and suffering and lost wages. I acknowledge that Southern Reins Center for Equine Therapy requires me to wear a safety helmet while working with horses. I understand and acknowledge that the risk for head injuries and death is significantly reduced by wearing appropriate headgear. I hereby release, waive and discharge Southern Reins Center for Equine Therapy, its officers, directors, employees, volunteers and agents, as well as any affiliated entities or persons, including but not limited to the owners, operators, employees and agents of the facility where Southern Reins Center for Equine Therapy operates, against any and all claims that I may have now or in the future for damages resulting from my failure to wear headgear while riding or participating in equine activities on the premises of Southern Reins Center for Equine Therapy.

I hereby release, waive and discharge Southern Reins Center for Equine Therapy, its officers, directors, employees, volunteers and agents, as well as any affiliated entities or persons, including but not limited to the owners, operators, employees and agents of the facility where Southern Reins Center for Equine Therapy operates, from any and all liability or claims for damages arising directly or indirectly out of my participation in such activities and/or my presence on the Southern Reins premises (including cost and attorney fees), including but not limited to death, bodily injury, or damage to property, regardless of whether or not liability is premised on negligent actions or omissions of such released parties or otherwise. I hereby agree to indemnify and hold harmless Southern Reins Center for Equine Therapy, its officers, employees, volunteers and agents, together with the owners, operators, employees and agents of the facility where Southern Reins Center for Equine Therapy operates, from any and all suits, demands, actions, losses, liabilities, costs and/or expenses, including attorney's fees, and claims of any type occasioned by, attributable to or otherwise arising out of my involvement in such activities and/or my presence at such facility, for which activities and presence I have duly assumed the risk and for which I am responsible, and for any actions brought by my guests or invitees which may be present on the premises.

I agree that this Release of Liability shall be binding on my personal representatives, heirs and assigns. This Release of Liability shall be governed by, and construed in accordance with the laws of the State of Tennessee, and I hereby submit to the jurisdiction of the courts of the State of Tennessee, and venue shall be in the courts of Shelby County, Tennessee. I have read this agreement and fully understand and agree to comply with its contents.

Signature: _____ **Printed Name:** _____ **Date:** _____

MINORS/WARDS:

The undersigned declares that the undersigned is the parent or legal guardian of the minor/ward first named above as "Participant." The undersigned has read the foregoing Release of Liability, and in consideration of Southern Reins Center for Equine Therapy allowing the named minor onto its premises and/or allowing such minor to participate in equine activities, the undersigned hereby agrees that all of the terms and conditions contained herein shall apply to such minor/ward and shall be binding on the undersigned as to such minor/ward and on such minor/ward. **If under 18, signature of both parents (if applicable), or legal guardians is required.**

Signature: _____ **Printed Name:** _____ **Date:** _____

Parent/Legal Guardian

Signature: _____ **Printed Name:** _____ **Date:** _____

Parent/Legal Guardian

Please send all documents via fax to 901-328-6328 or email: meredith.massa@southernreins.org