



Hope Springs Equestrian Therapy, Inc. and Green Lane Farm

INDEMNITY AND CONSENT TO PUBLICITY

NAME OF **RIDER** : _____

NAME OF PARENT/GUARDIAN : _____

ADDRESS: _____

PHONE: _____ CELL: _____

RELEASE AND WAIVER OF CLAIMS:

I, for myself and as guardian or other authorized representative of my child/children or other dependent(s), hereby release Hope Springs Equestrian Therapy, Inc. (HSET), and its owners, officers, directors, employees and agents, and Mr. Richard Hevner - Green Lane Farm (land owner), from any and all claims, demands, liabilities and/or damages, known or unknown, arising from or relating to my involvement, or the involvement of my child/children or other dependent(s), in equine and/or other HSET activities, and waive any claims respecting same. I understand that equine activities include, but are not limited to, horse care, training, teaching, riding instruction, therapeutic riding, shows, fairs, parades, competitions or performances which involve horses. I am aware and understand that horses are unpredictable in nature and for myself, and my child/children and other dependent(s), I knowingly and voluntarily assume all risks and dangers involved in equine and other HSET activities, accepting personal responsibility for all possible injury, permanent disability or death to me and/or my child/children and other dependent(s).

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

PARTICIPANT, BOTH PARENTS OR GUARDIAN
(If under 18, must be signed by parents or guardians)

IN CASE OF EMERGENCY:

NAME: _____

PHONE: _____

CONSENT TO PUBLICITY:

I HEREBY (CHECK ONE): **DO NOT** Authorize _____; Authorize _____

Hope Springs Equestrian Therapy, Inc. to use and copy, without fee, any and all audio and/ or visual material taken of me/my child/ children/other dependent(s) respecting HSET activities and/or events for HSET's promotional materials, which may include but is not necessarily limited to HSET's brochures, press releases, newsletters, exhibits and website postings. I understand that persons viewing such materials may understand that I or my child/children/dependent(s) are involved with therapeutic, and potentially medically related, activities. I agree that the use of such materials shall not breach any confidences and I waive any claims respecting same.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

PARTICIPANT, BOTH PARENTS OR GUARDIAN
(If under 18, must be signed by parents or guardians)

HOPE SPRINGS EQUESTRIAN THERAPY, INC.

APPROVED BY: _____ DATE: _____

Jeannie Knowlton, Program Director