



Rein in a Dream

Building upon each individual's inner strength!



AUTHORIZATIONS

Authorization forms are valid for 1 year from the date of signing

PARTICIPANT WAIVER AND RELEASE OF LIABILITY AGREEMENT

Name of Participant _____

Address _____

Home Phone _____ Cell Phone: _____

Dated this _____ (day) of _____ (month), _____ (year);

For purposes of this Participant Waiver and Release of Liability Agreement, "Participant" shall include any client, family member, guardian, volunteer, bystander, or independent contractor involved in or present for equine assisted programs or any other equine-related activity offered by Perkins Rein in a Dream Therapeutic Horsemanship Center.

The undersigned Participant (or Participant's parent or legal guardian, if applicable) involved in any equine activity sponsored by Perkins Rein in a Dream Therapeutic Horsemanship Center, hereby recognizes and appreciates the inherent risks of equine activities as described in Section 2D of Chapter 128 of the General Laws of the Commonwealth of Massachusetts, including those dangers or conditions which are an integral part of the equine activities, including but not limited to:

- (1) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them;
- (2) the unpredictability of an equine's reaction to such things as sound, sudden movement, and unfamiliar objects, persons, or other animals;
- (3) that certain hazards such as surface and subsurface conditions;
- (4) collisions with other equines or objects;
- (5) the potential of the Participant to act in a negligent manner that may contribute to injury to the Participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

These inherent risks are possible when involved in any of the following equine activities: (i) riding horses, including walking, trotting, and cantering (ii) working horses over jumps and through trail obstacles, (iii) vaulting exercises, (iv) trail riding on horseback, (v) long-lining horses, (vi) walking or leading farm animals, (vii) feeding, grooming, and caring for horses and farm animals, and (viii) managing barn and other chores necessary for the care of horses.

Despite these inherent risks, the Participant (Participant's parent or legal guardian) also agrees that Perkins Rein in a Dream Therapeutic Horsemanship Center, its affiliates, specifically including volunteers assisting Participants, current or former members, officers, directors, and their predecessors (hereinafter "Releasees") shall not be liable for an injury to or the death of the Participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 2D of the Chapter 128 of the General Laws of the Commonwealth of Massachusetts, and the participants hereby releases the Releasees from any and all claims, causes of action, suits, demands, and liabilities, whatsoever of every name and nature against the Releasees, except to the extent such claims, causes of action, suits, demands and liabilities are not limited under Section 2D of the Chapter 128 of the General Laws of the Commonwealth of Massachusetts.

WARNING

Under Massachusetts 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 Section 2D of the Chapter 128 of the General Laws of the Commonwealth of Massachusetts.

If Participant is over 18

Print Participant Name _____

Participant Signature _____ Date _____

If Participant is under 18

Participant Name _____

Parent/Guardian Name _____ Relationship to child _____

Parent/Guardian Signature _____ Date _____



Rein in a Dream

Building upon each individual's inner strength!



PHOTO RELEASE

I consent to and authorize the use and reproduction of any and all photographs, my name, and any other audio-visual materials taken by Perkins Rein in a Dream Therapeutic Horsemanship Center of my son/daughter/myself for promotional material, educational activities, and exhibitions or for any other use for the benefit of this program to include: brochures, annual reports, newsletters, advertisements, Perkins website, Perkins Facebook pages and email marketing. Please check off all appropriate boxes.

Photo Release Name Release Audio-Visual Materials Social Media

Signature _____ Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical treatment is required due to illness or injury while participating in the Horsemanship Program, or on the property of the school, I authorize Perkins Rein in a Dream to secure and retain medical treatment and transportation for my son/daughter/myself if needed.

Physician's Name _____ Preferred Medical Facility _____

Health Insurance Company _____ Policy # _____

Contact Person in Case of Emergency _____

Relation _____ Work Phone _____ Home Phone _____

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician.

Signature _____ Date _____