



PARTICIPANT REGISTRATION & RELEASE FORM – UNMOUNTED

Date: _____

Participant's Name: _____

Date of Birth: ____ / ____ / ____ Weight: _____ Height: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Phone: _____ Alternative #: _____

Email: _____

Referral Source: _____

**Voluntary Self-Identification –*

Gender: _____ Race/Ethnicity: _____

Veteran? (check one) Yes No

Anything you'd like to share:

Signature: _____ Date: _____



CONSENT WAIVER & RELEASE AGREEMENT

Volunteer Participant Visitor Sign-up for email updates from the farm (check box for yes)

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

In case of emergency, contact* _____ Phone: _____
(Provide a parent/guardian if individual is a minor)

Please indicate any medical conditions and/or medications we should be aware of in the event of an emergency:

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: In the event emergency medical aid/treatment is required due to illness or injury while being on the property of Shepard Meadows Equestrian Center, Inc., I authorize Shepard Meadows Equestrian Center, Inc. to secure and retain medical treatment and transportation, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment.

Consent Do Not Consent

Signature *(parent/guardian if individual is a minor)*: _____ Date: _____

PHOTO/VIDEO AND PUBLICITY RELEASE: By engaging in activities at Shepard Meadows Equestrian Center, Inc. I understand that I/my child/my ward may be photographed, filmed or videotaped and I hereby give Shepard Meadows Equestrian Center, Inc. the unqualified right to take pictures and/or recordings of me/my child/my ward and grant the perpetual right to use and/or publicly display that likeness, picture, recording, video, image and/or photograph as well as any statements made or provided by me to Shepard Meadows Equestrian Center, Inc. (collectively "Image"), without compensation, for all advertising, broadcast, exhibition or any lawful purpose in any medium and to put any Images to any legitimate use without limitation or reservation. I hereby waive, release and forever discharge Shepard Meadows Equestrian Center, Inc., its officers, board members, instructors, therapists, aides, coaches, volunteers, staff, employees, representatives, successors and assigns from and against any and all claims or actions arising out of, or resulting from any use of any Image. Shepard Meadows Equestrian Center, Inc. shall not be obligated to use, and may elect not to use, any Image.

Consent Do Not Consent

Signature *(parent/guardian if individual is a minor)*: _____ Date: _____

CONFIDENTIALITY POLICY: At Shepard Meadows Equestrian Center, Inc. we place great importance on protecting the confidential information of our participants, visitors, staff and volunteers. "Confidential information" includes, but is not limited to, personally identifiable information such as names, telephone numbers, addresses, e-mails, non-public business records of Shepard Meadows Equestrian Center, Inc. such as business information, policies, procedures and processes as well as medical information about participants, visitors and volunteers and their disabilities or special needs, in each case, regardless of how or where conveyed and in whatever medium. I shall never disclose any Confidential Information to anyone other than Shepard Meadows Equestrian Center, Inc. staff unless required by applicable law in which case I will promptly notify such staff in writing in advance. I also agree that I must seek Shepard Meadows Equestrian Center, Inc. staff permission before taking any pictures, videos or recordings. I have read and understand the Shepard Meadows Equestrian Center, Inc. Confidentiality Policy and agree to abide by same.

Signature *(parent/guardian if individual is a minor)*: _____ Date: _____

LIABILITY RELEASE: I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm and/or exposure to communicable diseases to myself and/or third parties and/or property damage. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs, agents, representatives, assigns, executors, administrators and/or other legal representatives, (i) waive and release Shepard Meadows Equestrian Center, Inc., its officers, board members, instructors, therapists, aides, coaches, volunteers, staff, employees representatives, successors and assigns from and against any liability, however caused, for any injury, fatality, loss, harm or damage suffered or sustained relating to Shepard Meadows Equestrian Center, Inc., including whether as a result of visiting, participating in, volunteering at and/or observing any activities at or otherwise associated with Shepard Meadows Equestrian Center, Inc., and in all cases, including the negligence of these related parties, (ii) agree not to sue or make any claims against Shepard Meadows Equestrian Center, Inc., its officers, board members, instructors, therapists, aides, coaches, volunteers, staff, employees representatives, successors and assigns for any injuries, losses, harm or damage to myself or my property or for any third party claims and (iii) will indemnify Shepard Meadows Equestrian Center, Inc., its officers, board members, instructors, therapists, aides, coaches, volunteers, staff, employees representatives, successors and assigns from all costs, including attorney's fees and expenses, in connection with any such claims.

Signature *(parent/guardian if individual is a minor)*: _____ Date: _____

The undersigned acknowledges that he/she/they has/have read this Agreement in its entirety, understands the terms hereof and has signed it voluntarily and with full knowledge of the effects thereof, that this Agreement will be governed by the laws of the state of Connecticut (excluding its conflict of laws rules) and consents to the exclusive jurisdiction of the state and federal courts located in Hartford County, Connecticut.

Signature *(parent/guardian if individual is a minor)*: _____ Date: _____