



The Bridges Program Release of Liability

Read the following General Statement before signing:

Participating in activities with horses involves an inherent risk including the risk of serious injury or death. I agree to take part in this therapy session/training on the understanding that I will take responsibility for my own safety and that being around horses entails known and unanticipated risks that could result in injury or death to others or me. I hereby assume all risks in connection therewith and expressly waive any claims for injury or loss arising there from.

To the extent permitted by laws, I hereby agree to protect, indemnify, defend, and hold harmless The Bridges Program, all Bridges employees, agents, directors, associates, affiliates, contract personnel, the hosting facility and all owners, managers, volunteers, employees, and persons involved with the host facility, and all participants in the training course against all claims/losses arising out of participation in this therapy/training experience.

Pursuant to KRS 247.4027

Date: _____

Print Client/Participant Name: _____

Client/Participation Signature: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Email: _____

Age: _____

Printed name of Parent/Guardian if client is a minor:

Signature of Parent/Guardian if client is a minor:

The Bridges Program Release to use image during Trainings and Demonstrations:

I, the undersigned, hereby irrevocably grant **The Bridges Program** and its affiliates, agents, licensees, and assigns (collectively, the “Program”) the unrestricted right to use, adapt, modify, reproduce, distribute, publicly perform, and display, in any manner now known or hereafter developed, my image, likeness, and other personal identifying information (collectively, “Personal Information”) throughout the world. Such use may include incorporation into publications, catalogs, brochures, books, magazines, photo exhibits, motion pictures, videotapes, and/or other media (collectively, the “Works”), including commercial, informational, educational, advertising, or promotional materials relating thereto.

I hereby release, waive, and discharge the Program, its officers, directors, employees, agents, licensees, and assigns from any and all claims, demands, liabilities, or causes of action of any kind, whether known or unknown, now or in the future, arising from or related to the use, adaptation, reproduction, distribution, broadcast, performance, or display of the Personal Information, including, without limitation, claims for invasion of privacy, right of publicity, copyright infringement, defamation, or any other similar claim. I further agree to indemnify, defend, and hold harmless the Program and its affiliates, agents, licensees, and assigns from and against any claims, damages, or expenses (including attorneys’ fees) arising from any such use.

I waive any right to inspect, approve, or control the final Works in which the Personal Information may be included, and I waive any claim with respect to the nature or manner of such use. The Program may use the Personal Information at its sole discretion, either alone or in conjunction with other materials, provided that such use shall not be for any criminal, unlawful, or otherwise objectionable purpose inconsistent with community standards of decency.

I acknowledge and agree that the Program shall be the exclusive owner of all rights, title, and interest, including copyright, in and to the Works and any commercial, informational, educational, advertising, or promotional materials containing the Personal Information. I understand that I (or my minor child) shall not receive any compensation for the use of the Personal Information.

I represent and warrant that I am of full legal age and have read this Release and fully understand its contents. In the case of a minor, the undersigned parent(s) or legal guardian(s) hereby provide full and unconditional consent to the foregoing terms on behalf of their minor child.

Date:_____ Name:_____ Signature:_____

Age (if minor):_____

Name of Parent(s)/Guardian if minor:_____

Signature of Parent/Guardian if Minor:_____

Phone: thebridgesprogram@att.net

270-231-3618

www.thebridgesprogram.com