

Factum Equine
Liability Waiver + Releases
All fields required

Name: _____ Phone #: _____ DOB: _____
Address: _____
Town: _____ State: _____ Zip: _____
Email: _____

In case of emergency, contact: _____ Phone: _____

Please indicate any medical conditions 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, I authorize Factum Equine at Hidden Hills Farm 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.

Date: _____ Signature: _____
Legal guardian signature required if individual is under 18 years old

PHOTO VIDEO & PUBLICITY RELEASE: By engaging in activities at Factum Equine I understand that I/my child/my ward may be photographed, filmed, or videotaped and I hereby give Factum Equine the unqualified right to take pictures and/or recordings of me/my child/my ward and grant the perpetual right to use that likeness, video, image, photograph (collectively "image"), without compensation, for broadcast or exhibition in any medium and to put the finished images/recordings to any legitimate use without limitation or reservation. I hereby waive, release and forever discharge Factum Equine from and against any and all claims or actions arising out of, or resulting from any use of such image. Factum Equine shall not be obligated to use, and may elect not to use, any image.

☐ Consent ☐ Do Not Consent

Date: _____ Signature: _____
Legal guardian signature required if individual is under 18 years old

LIABILITY RELEASE: I acknowledge the risks and potential for risks of equine activities and being in the proximity of equines including grievous bodily harm and death. 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 and assigns, executors or administrators, waive and release forever all claims for damages against Hidden Hill Farm and/or Factum Equine, their Board of Trustees, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating in activities at Factum Equine/on the property of Hidden Hill Farm from whatever cause, including but not limited to the negligence of these related parties. The undersigned acknowledges that he/she has read this registration form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Date: _____ Signature: _____
Legal guardian signature required if individual is under 18 years old

Factum Equine
Client Registration
All fields required

Legal Name: _____ Preferred Name: _____

DOB: _____ Gender: _____ Pronouns: _____

Ethnicity: ☐ White ☐ Hispanic, Latino, or Spanish ☐ Black or African American ☐ Asian ☐ American Indian or Alaska Native ☐ Middle Eastern or North African ☐ Native Hawaiian or Other Pacific Islander
☐ Other race or ethnicity ☐ Prefer not to answer

Diagnoses: _____

Extraordinary Life Circumstances: _____

Physical Considerations (stamina, balance, coordination, medical implications, etc): _____

Emotional Considerations (triggers, coping strategies, etc): _____

What are you hoping to get out of your experience at Factum Equine? _____

Describe any previous horse experience: _____

What else should we know about you: _____

CONFIDENTIALITY POLICY: At Factum Equine, we place great importance on protecting the confidential information of those in our community. “Confidential information” includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc. as well as the non-public business records of Factum Equine. In particular, medical information about clients and information about their diagnoses and/or extraordinary life circumstances must be protected as confidential information. I shall never disclose confidential information to anyone other than Factum Equine staff. I must seek staff permission before taking any pictures or videos. I have read and understand the Factum Equine Confidentiality Policy and agree to abide by same.

Date: _____ Signature: _____