I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, The undersigned have read and understand and freely and voluntarily enter into this Release and Hold Harmless Agreement with Arise Equine Therapy Foundation and/or Arise Equine Therapy LLC understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability for myself or the minor that I am signing for on their behalf.

1. I understand the potential dangers that could occur with any and all interaction with horses. Including, but not limited to mounting, riding, walking, boarding, feeding, leading, petting and being in proximity of any horse(s).
2. I hereby release Arise Equine Therapy Foundation and Arise Equine Therapy LLC, their officers, directors, employees, landowners and anyone else directly or indirectly connected to Arise Equine Therapy Foundation and Arise Equine Therapy LLC from any liability whatsoever in the event of an injury or damage of any nature including death to myself or the minor I am signing for on their behalf by electing to participate in any and all equine activities.
3. I recognize and agree that I approve of all equine professionals and or volunteers myself or the minor I am signing on the behalf of will be working with has/have made reasonable and prudent efforts to determine the ability to engage in equine activities, and has/have sufficient knowledge of equine horsemanship skills and horseback riding skills as to relieve, release and hold harmless said professionals and/or volunteers from any continuing duty outside the equine activity.
4. I further voluntarily agree and warrant Release and Hold Harmless equine professionals ,volunteers, land owners, board members, and/or any other person directly or indirectly of Arise Equine Therapy Foundation and/or Arise Equine Therapy LLC from any liability whatsoever , including but not limited to, injuries , death ,property damage from any interaction with horse(s) before , during and after an equine activity due to negligence to those previously mentioned myself or the minor I am signing in behalf’s lack of understanding or failure to comply with the directions relating to the equine activity. This document also includes Release of liability for all visitors and bystanders that accompany my party.

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor Y / N

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*Complete IF participant is a minor\*

Guardian Name Printed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHOTO RELEASE CONSENT

 Please Circle I DO / I DO NOT Give permission to be photographed and grant permission for the usage of these photos in public relations and promotional use for Arise Equine Therapy. This may include reproduction and use of images for website, Facebook and other social media, educational displays, presentations as visual aids for our programs.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_