



COPE FARM SCHOOL
A Program of the Stand Tall
Foundation

East Patchogue, New York

www.copefarmschool.org

RELEASE OF LIABILITY, ASSUMPTION OF RISK & HOLD HARMLESS AGREEMENT

(Equine & Non-Equine Activities)

1. PARTICIPANT INFORMATION

Participant Name: _____ Age (if minor): _____

Address: _____ DOB: _____

Phone: _____ Email: _____

Allergies/Medications: _____

2. ACKNOWLEDGEMENT OF RISKS

I understand that participation in activities at Cope Farm School, including but not limited to:

- Ground handling and grooming
- Equine-assisted activities
- Farm activities
- Educational programs, classes, and events

involves **inherent risks**, including but not limited to:

- The unpredictable nature and behavior of horses
- Equipment failure
- Uneven terrain and environmental conditions
- Physical exertion and potential injury
- Interaction with animals, other participants, and equipment

I understand that horses may:

- Bite, kick, buck, rear, or act unpredictably
- React to sounds, sudden movement, or unfamiliar stimuli

I voluntarily assume all risks, known and unknown.

3. NYS EQUINE ACTIVITY LIABILITY LAW NOTICE

I acknowledge that under New York State Law (General Obligations Law §18-101–106):

An equine activity sponsor or professional is not liable for an injury or death of a participant resulting from the inherent risks of equine activities.

4. HEALTH & FITNESS REPRESENTATION

I certify that:

- I am physically able to participate safely
- I have no medical condition that would prevent participation
- I will disclose any relevant medical conditions

If I am a parent/guardian:

- I certify the minor is physically able to participate
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5. ASSUMPTION OF RISK

I knowingly and voluntarily assume full responsibility for any risk of injury, illness, damage, or loss arising from participation in any activity at Cope Farm School.

6. RELEASE & HOLD HARMLESS AGREEMENT

In consideration for being allowed to participate, I agree to:

- Release
- Waive
- Discharge
- Hold harmless

Cope Farm School, the Stand Tall Foundation, and their:

- Owners
- Directors

- Officers
- Employees
- Volunteers
- Instructors
- Agents

from any and all liability, claims, demands, or causes of action arising out of or related to:

- Personal injury
- Property damage
- Illness or death

whether caused by:

- Negligence
 - Inherent risks
 - Or otherwise
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7. INDEMNIFICATION

I agree to indemnify and defend the Organization against any claims brought by or on behalf of myself or a minor participant.

8. RULES & SAFETY COMPLIANCE

I agree to:

- Follow all safety rules and instructions
- Use required equipment
- Act responsibly at all times

I understand that failure to comply may result in removal from activities.

9. EMERGENCY MEDICAL AUTHORIZATION

In the event of an emergency, I authorize Cope Farm School to obtain medical treatment as deemed necessary.

I understand I am responsible for any associated costs.

In case of emergency contact: _____

Phone: _____ Relationship: _____

10. MINOR PARTICIPANTS

If signing on behalf of a minor:

I certify that:

- I am the parent or legal guardian
- I consent to participation
- I agree to all terms on behalf of the minor

11. GOVERNING LAW

This agreement shall be governed by the laws of the State of New York, with venue in Suffolk County, New York.

12. ACKNOWLEDGEMENT & SIGNATURE

I have read this agreement carefully and fully understand its terms.
I understand that I am giving up legal rights, including the right to sue.

Participant Signature (Adult):

Signature: _____

Print Name: _____

Date: _____

Parent/Guardian Signature (if minor):

Signature: _____

Print Name: _____

Relationship: _____

Date: _____