2020 Volunteer Emergency Authorization

Assumption Of Risks & Liability Release Agreement Ironstone Farm; Challenge Unlimited, Inc.; & Ironstone Therapy, Inc.

Name:		Date of Birth:/ /
Address:	City:	State: Zip:
Email Address:		
Home Phone:	Cell Phone:	Work Phone:
Occupation & Place of Busin	iness; or School (Name & Location);	or Not Applicable:
Best Way To Contact You?	·:	
	ues, diagnoses or physical limitations cult for you? Yes No	s that would make the responsibility of
If yes, please explain:		
EMERGENCY	CONTACT INFORMATION RE	EQUIRED FOR ALL VOLUNTEERS
Name:		Relation:
Home Phone:	Cell Phone:	Work Phone:
Name:		Relation:
Home Phone:	Cell Phone:	Work Phone:
	ENT/GUARDIAN CONTACT IN E COMPLETE IF VOLUNTEER IS UNDE	
Name of parent(s)/guardian	n(s):	
Address:	City:	State: Zip:
Home Phone:	Cell Phone:	Work Phone:

PLEASE READ THE FOLLOWING THREE PARAGRAPHS CAREFULLY

Inherent Risk / Assumption of Risks. I/We acknowledge that: Risks, conditions and dangers are inherent in (meaning an integral part of) horse/equine/animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: the propensity of an animal to behave in ways that may result in injury, harm, death or loss to persons on or around the animal; the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; hazards, including but not limited to, surface or subsurface conditions, a collision, encounter and/or confrontation with another equine, another animal, a person or an object; the potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and or failing to act within the ability of the participant. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to, stopping short; spinning around; changing directions and or speed at will; shifting its weight; bucking; rearing; kicking; biting; and or running from danger.

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I/We also acknowledge that these are just some of the risks and I/We agree to assume others not mentioned above. I/We am (are) not relying on Challenge Unlimited, Inc., Ironstone Therapy, Inc. and/or Ironstone Farm to list all possible risks for me.

Liability Release. I/We agree that: in consideration of allowing my participation in the activities of Challenge Unlimited, Ironstone Therapy and/or Ironstone Farm, I, the student, client or volunteer, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge Challenge Unlimited, Inc., Ironstone Therapy, Inc. and Ironstone Farm, its employees, agents, independent contractors, officers, directors, representatives, assigns, members, and insurers, and others acting on their behalf, of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to ordinary negligence or legal liability; and I do agree to release any claims, demands, legal actions and causes of action, against Challenge Unlimited, Inc., Ironstone Therapy, Inc. or Ironstone Farm, and its employees, agents, independent contractors, officers, directors, representatives, assigns, members, and insurers, for any damages due to bodily injury and/or death and/or property damage, sustained by me and or my minor child or legal ward in relation to the premises and operations herein, including, but not limited to, riding, driving, training, handling or otherwise being near or around horses owned, leased or boarded by Challenge Unlimited, Inc., Ironstone Therapy, Inc., or Ironstone Farm.

WARNING	
Under Massachusetts law, an equine professional is not liable for injury to, or deat activities resulting from the inherent risks of equine activities, pursuant to Section Massachusetts General Laws.	
Policy of Confidentiality: Confidentiality is defined as "told in secret or private relation regards to the participants (clients) of Challenge Unlimited, Inc., Ironstone Therapy, Incheld in strict confidentiality. It is critical that we respect each individual. Confidentiality basic responsibilities of our facility. In failure to abide by this policy, the quality of the and result in legal ramifications. I understand and agree to the above.	e., and/or Ironstone Farm must be ty is considered one of the most
SORI/CORI: If determined to be necessary the administration staff at Challenge Unlin and/or Ironstone Farm reserves the right to perform a SORI (sexual offender register in offender register inquiry) check on all volunteers.	
Photo Release: I hereby consent to and authorize the use and reproduction by Challeng Therapy, Inc., and/or Ironstone Farm of any and all photographs and any other audiovis child/my ward for promotional material, educational activities, and exhibitions or for an program. Opt out: No, I do not consent.	ual materials taken of me/my
I/We represent that I/We have read this entire agreement and in partice Inherent Risk/Assumption of Risks, Liability Release and	
(Signature of Volunteer)	Date:/
(Signature of Parent/Guardian if Volunteer is under 18 yrs of age)	Date:/

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