

### 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 training/session 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, Bridges Committees, all Bridges employees, agents, directors, associates, affiliates, and 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 training experience. Pursuant to KRS 247.4027

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### The Bridges Program Release to Use Image During Trainings

I, the undersigned, hereby grant The Bridges Program permission to use, adapt, modify, reproduce, distribute, publicly perform and display, in form now known or later developed, my image or visual likeness (the "Personal Information") throughout the world, by incorporating it or them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, videotapes, and/or other media (the "Works") or commercial, informational, educational, advertising, or promotional materials relating thereto.

I release, and hereby agree to indemnify, defend, and save harmless The Bridges Program, its agents, employees, licensees and assigns (collectively, "Released Entities") from any and all claims I, or any third party, may have now or in the future for invasion of privacy, right of publicity, copyright infringement, defamation or any other cause of action arising out of the use, exploitation, reproduction, adaptation, distribution, broadcast, performance or display of the Personal Information.

I waive any right to inspect or to approve any Works that may be created using the Personal Information and waive any claim with respect to the eventual use to which the Personal Information may be applied. The Personal Information may be used at The Bridges Program's sole discretion, alone or in conjunction with any other material of any kind or nature except that The Bridges Program will not use the Personal Information for any criminal or illegal purposes or in any manner inconsistent with community standards of decency.

I understand and agree that The Bridges Program is and shall be the exclusive owner of all right, title, and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials. I also understand that I (or my child) will not receive payment for any use of the Personal Information.

I am of full legal age and have read this release and am fully familiar with its contents. By their signature below, a minor's parent(s) or legal guardian(s) indicate, on behalf of their minor child, their full and unqualified consent to the terms of this Release to Use Image.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Age (if minor): \_\_\_\_\_ Name of Parent(s)/Guardian if minor: \_\_\_\_\_

Signature of Parent/Guardian if Minor: \_\_\_\_\_ Phone: \_\_\_\_\_

[thebridgesprogram@att.net](mailto:thebridgesprogram@att.net) – 270-231-3618 – [www.thebridgesprogram.com](http://www.thebridgesprogram.com)