



### **Participant Agreement, Assumption of Risk, and Liability Waiver**

**Participant Name:** \_\_\_\_\_

**Parent/Guardian Name (if under 18):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

#### **1. Voluntary Participation**

I, the undersigned, voluntarily choose to participate in equine-assisted psychotherapy or related programs conducted by *Pastures of Hope*. I understand that participation may involve interactions with horses and engagement in physical and emotional activities.

#### **2. Acknowledgment of Inherent Risks**

I acknowledge that equine activities involve inherent risks, including but not limited to:

- The unpredictable nature of horses, regardless of training or temperament.
- Collisions, kicks, bites, falls, or being stepped on.
- Uneven terrain, weather changes, and environmental hazards.
- Potential emotional discomfort or distress during therapeutic activities.

In accordance with the **Illinois Equine Activity Liability Act** (745 ILCS 47/):

*"WARNING: Under the Illinois Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities."*

#### **3. Limitation of Liability**

I understand and agree that *Pastures of Hope*, its directors, officers, employees, volunteers, contractors, and agents are not liable for any injury, death, loss, or damage arising from participation in its programs, except where caused by gross negligence or willful misconduct.

#### **4. Mental Health Disclaimer**

I understand that equine-assisted psychotherapy is a therapeutic service designed to complement, not replace, other mental health or medical treatments. I acknowledge that no specific results are guaranteed, and that if I experience a crisis, I may need to seek additional or emergency services.

#### **5. Safety Rules**

I agree to:

- Follow all instructions given by staff or volunteers.
- Wear appropriate footwear and clothing.
- Avoid sudden movements, loud noises, or behavior that could startle horses.
- Report any unsafe conditions or concerns immediately.

#### **6. Medical Authorization**

In the event of injury or illness during participation, I authorize *Pastures of Hope* staff or volunteers to obtain emergency medical treatment deemed necessary, with the understanding that I am responsible for all associated costs.

#### **7. Indemnification**

I agree to indemnify and hold harmless *Pastures of Hope* and its representatives from any claims, damages, or expenses arising from my participation, except where caused by gross negligence or willful misconduct.

#### **8. Binding Agreement**

I have read and understood this document, and I sign it voluntarily, with full knowledge of its contents and legal significance.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature (if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_