

HorseSense

145 Easy Street
Howell, NJ 07731
732-910-7855

Rider and Volunteer Registration and Release Form

Date: _____ DOB: _____ Age: _____

Student/Client/Volunteer: _____

Street: _____ City: _____

State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Emergency Phone: _____

Parent or Guardian: _____ Phone: _____

Address (if different from above): _____

Email Address: _____

UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES PURSUANT TO P.L. 1997,c. 287, C: 5:15-1 ET SEQ.

No equine activity sponsor, equine professional, doctor of veterinary medicine, or any other person, is liable for an injury to or the death of a participant resulting from the inherent risks of equine activities.

Liability Release:

_____ would like to participate in the HORSESENSE program. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, understanding I will be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against HORSESENSE, and its agents, servants or employees; from any and all injuries and or losses I/my child/my ward may sustain while on the premises, under instruction or otherwise.

I hereby waive claims, release and hold harmless HORSESENSE, its agents servants and employees from any and all claims, including but not limited to, the following:

Any claims relating to Equine Instruction, injury, loss, loss of a permanent bodily function, injury or death;
Claims relating to negligence or negligent conduct;
Insufficient warning notices;
Failure to properly assess a participant's ability;
Any and all injuries sustained or incurred while on the premises, under instruction or otherwise;
Any and all injuries sustained or incurred due to my (or my child/ward) use of alcohol, drugs (prescription or otherwise) which would impair abilities during presence on the premises;
Accidental death or dismemberment while participating in instruction or presence on the subject premises.

Date: _____ Signature: _____

Animal Assisted Activities: Participation Release of Liability Agreement:

I, _____

For and in consideration of the agreement of HorseSense to provide Animal Assisted Activities/Animal assisted Therapy to myself/my child/my ward, do hereby forever release, acquit, discharge and hold harmless HorseSense officers, trustees, agents, employees, representatives, successors and assigns, for all manner of claims, demands, and damages of every kind and nature whatsoever, which the undersigned may now, or in the future, have against HorseSense, it's officers, trustees, agents, employees, representatives, successors and assigns, on account of any personal injuries, physical or mental conditions, known or unknown, to the undersigned and the treatment thereof as a result of, or in any way growing out of, the acts of HorseSense it's officers, trustees, agents, employees, representatives, successors or assigns including but not limited to, their negligence or gross negligence, in rendering the services above described or in any way incidental thereto.

Date: _____ Signature: _____

Photo Release (Optional)

I consent to and authorize the use and reproduction by HorseSense of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Date: _____ Signature: _____

Volunteers –

I have read and agree to the Volunteer training/information sheet provided by HorseSense Therapeutic Riding Center.

Date: _____ Signature: _____

Medical Information we should be aware of: