



## HORSESENSE THERAPUTIC RIDING CENTER

### RIDER AND VOLUNTEER REGISTRATION AND RELEASE FORM

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

*Compassionate. Non-judemental. Patient.*

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: \_\_\_\_\_