

Trinity Farm Therapeutic Equestrian Center

RELEASE OF LIABILITY



- Volunteer
- Rider/ Participant
- Staff Member

In consideration of being permitted to ride, conduct equestrian activities, and enter and park automobiles on the property of Trinity Farm, or Katherine and Jon Trimble or any property adjoining such land for equestrian activities, (the premises), Releasor does for him/herself, his/her, executors, administrators, assigns, and as parents of any minor child under his/her control, release hold harmless and forever discharge, Katherine and Jon Trimble, their heirs, administrators, and executors, Trinity Farm, its employees, officers and members all referred to as Releases, of and from any and every claim, demand, action or right of action, of whatsoever kind or nature, either in law or equity arising from or by any bodily injuries known or unknown, death and/or property damage resulting from any accident which may occur as a result of participation in riding, equestrian activities, and or entering or parking an automobile or trailer on the premises, or any activities in connection with Trinity Farm or any other individual named above.

Releasor agrees to hold harmless, defend, and indemnify the Releasees and each of them from any loss, liability, damage or cost Releasee may incur due to the presence of Releasor in or on the premises whether caused by negligence of the Releasee or otherwise.

Releasor assumes full responsibility for and risk of bodily injury, death or property to negligence of Releasees or otherwise while on the premises and/ or while participating in any equestrian activities.

Releasor agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that if any portion of the agreement is held invalid, it is agreed that the balance; notwithstanding, continue in full legal force and effect.

Releasor further states that he/she has carefully read the above release and knows the contents of the release and sign this release as his/her own free act. The terms of this release are contractual and not a mere recital.

Participant's Printed Name Telephone No. Date of Birth

Signature of Participant *(if over the age of 18)* Date

Signature of Parent or Guardian *(if Participant is under the age of 18)*

Parent or Guardian's Printed Name *(if Participant is under the age of 18)* Telephone No.

Address City/State/Zip

Trinity Farm Therapeutic Equestrian Center

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT



- Volunteer
- Rider/ Participant
- Staff Member

The undersigned hereby grants to a staff member of Trinity Farm Therapeutic Equestrian Center the authority to make healthcare decisions with respect to the participant if the undersigned is unavailable to make such decisions. The term "health care" and "health care decisions" as used in this form shall have the meanings set forth in the Ohio Revised Code Sections 1337.11 through 1377.11.

Name of Participant DOB

Signature Date

Signature of Parent or Guardian (if under 18yrs) Date

- I DO NOT grant the authority to make healthcare decisions with respect to the participant. Insead, I would like you to do the following...

In case of emergency, contact: _____

Relationship _____

Work Phone: () _____ Cell Phone: () _____

Please list any medical conditions or medications you are currently using that might affect your participation or Trinity Farm should be aware of in case of an emergency (i.e. bee sting allergies, asthma, back pain, history of seizures, etc.) or any reason why working with children, horses and the public sector may not be appropriate. Please attach additional sheets if necessary.

Medications:

Allergies:

Date of Last Tetanus Shot: _____ (Not required)

Photo Release:

- I DO...
- I DO NOT...

... Consent to and authorize the use and reproduction by Trinity Farm of any and all photographs and other audio/visual materials taken of me/my child for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature: _____ Date: _____
(Client, Parent or Legal Guardian)