



Reigning Hope Therapy Services

RELEASE FORM

Name _____ DOB _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

Physician _____

Healthcare Insurance Co. _____ Preferred Medical Facility _____

Medications _____ Allergies _____

Special Interest, Talents, Skills _____

E-mail _____

Agreement

I release Chuckie's Place d/b/a Reigning Hope Therapy Services of Colorado, herein after referred to as RHTS, its employees, and volunteers, and the facility from all actions, damages, or personal injuries which may occur to me or a member of my family. I understand in the event of a minor injury I, or a member of my family, may receive first aid treatment. I will be informed as soon as possible of any injury or condition of one of my family members and will be responsible thereafter for their care. In the event of an emergency, injury, or illness, emergency medical services and I will decide the best course of action. If the retreat leaders are unable to reach me, I authorize them to take whatever action is necessary for the safety and health of my family members.

I give my consent that photographs, interviews, and audio/video recordings during the course of the therapy may be used by RHTS for training, promotion, and fundraising.

Signature of adult volunteer

Signature of parent(s)/guardian

Date

Please sign below if you/your child MAY NOT be photographed for education purposes or for promoting Reigning Hope and its work.

Signature

Date

I would like to be involved in:

Riding Classes On site Special Events Horse Care Child Care for Other Volunteers

RELEASE AND INDEMNITY FOR EQUINE ACTIVITIES WARNING

UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.

In consideration of being permitted to participate in equine activities at RHTS, the undersigned participant freely and voluntarily agrees for me, my spouse, heirs, successors, personal representatives and assigns to the following:

1. I release and discharge RHTS from any and all liability, claims, demands or causes of action whatsoever arising out of any damages, loss or injury to me or to my property while I am participating in any equine activities and/or while I am engaged in any activity during the period of participation in an equine activity, whether such loss, damage or injury results from the negligent acts or omissions of RHTS or from any other cause.
2. I acknowledge that participation in equine activities involves a certain amount of risk and I accept and assume any and all risks and dangers of bodily injury, disability, death and/or property damage, even if caused in whole or in part by the negligent acts or omissions of RHTS, or from any other cause.
3. I indemnify and hold harmless RHTS from any and all loss, liability or expense of any nature whatsoever, including reasonable attorney's fees and costs, which it may incur or be exposed to as a result of any claim or bodily injury, death or property damage resulting from my participation in any equine activity.
4. I agree that exclusive jurisdiction and venue for any lawsuit arising out of this Agreement or the dealings between us shall be in the state courts in El Paso County, CO, and that the laws of the State of Colorado shall apply.
5. To the extent that any part of this Agreement is found to be invalid, void or illegal under applicable law, then the Court shall reform such part of this Agreement only to the extent necessary in order to make it enforceable, and all of the remainder of this Agreement shall remain in full force and effect.
6. Definitions

- a. All references in this document shall refer to RHTS, as well as its successors, assigns, officers, directors, employees, agents, insurers, instructors and independent contractors performing services at RHTS.
- b. Equine Activity. For purposes of this document, the term "equine activity" shall include any activity in which I engage while participating in therapeutic horseback riding, equine assisted activities (such as equine assisted learning and equine assisted psychotherapy) or hippotherapy classes, either as a volunteer, as a rider, or both. The term shall also include activities in which I engage in order to prepare the horses, equipment, facilities or riders for use in therapeutic horseback riding, equine assisted activities and hippotherapy classes. The activities in which I may engage include, but are not limited to, shoveling stalls, cleaning and storing tack, maintaining equipment and facilities, grooming, tacking and untacking, bringing horses in from the turnout, returning horses to their stalls, feeding and watering horses. Although most of these activities will occur on site the term equine activity also includes any activities in which I engage, either as a volunteer or a rider, or both, at off site events in which RHTS participates or sponsors. I understand and agree that my participation in any equine activity begins upon my arrival at the place where the equine activity begins, then stops upon my departure from the place where the equine activities end.
- c. Term of Release and Indemnity. The Release and Indemnity for equine activities shall be binding for a period of time equal to the longest statute of limitation, regardless of the theory of law, applicable to any claim arising out of or in any way connected with the undersigned's participation in an equine activity.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, UNDERSTAND IT COMPLETELY AND VOLUNTARILY AGREE TO BE BOUND BY ITS TERMS.

Print Full Name of Participant _____

Signature _____ Date _____

If a minor or an incapacitated person, parent or guardian must sign below.

Signature _____ Date _____

Print Full Name of Parent or Legal Guardian _____

Address and telephone number of parent/legal guardian (if different from participant)
