

Date filled out: _____



PROGRAM REGISTRATION

Student Name: _____

Parent/Guardian Name: _____

Contact Phone Numbers: Primary #: _____ Secondary #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____

LIABILITY RELEASE

I confirm that (*student name*) _____ would like to participate in a Horse n' Buddy program.

I acknowledge the risks and potential for risks of horseback riding, driving, and other equine related activities. However, I believe and acknowledge that the possible benefits to my son/daughter/ward are greater than the risk assumed.

I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Horse n' Buddy, its Instructors, Therapists, Aides, Volunteers, Employees, Land Owners, and/or Horse Owners from any and all injuries and/or losses my son/daughter/ward may sustain while participating in activities at Horse n' Buddy.

(parent/guardian name) _____ hereby acknowledges that neither the Property Owners, Horse Owners, Instructors, nor Volunteers with Horse n' Buddy accept or assume any responsibility or liability for injury or damage to persons or property due to whatever cause.

Print Name: _____ Signature: _____ Date: _____

(This form must be completed by a parent or legal guardian for persons less than 18 years of age.)

Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. § 1039. (Added 1995, No. 136 (Adj. Sess.), § 2.)

_____ I have read the Student Handbook (sent by email or available at the farm) and agree with the policies.

(initial)

PHOTO & VIDEO RELEASE

I hereby consent to and authorize the use and reproduction by Horse n' Buddy of any and all photographs and other audiovisual materials taken of me/my son/daughter/ward for promotional printed material, on the website, educational activities or for any other lawful use for the benefit of the program.

Consent Signature: _____ Date: _____