

GREEN GATE FARM'S RELEASE AND HOLD HARMLESS AGREEMENT

Participant name: _____

Parent/Guardian name: _____

Full Address _____

Phone Number _____ E-mail _____

Emergency Contact name: _____ Phone: _____

WHEREAS, the UNDERSIGNED acknowledges the inherent risks involved in working with and around horses, which risks include bodily injury from using, riding or being in close proximity to horses, among other risks, and further, that both horse and human can be injured in normal use or in competition, schooling, and other equine activities ;

IN CONSIDERATION, therefore, for the privilege of working with and around horses at GREEN GATE FARM, INC, the Undersigned does hereby agree to hold harmless and indemnify GREEN GATE FARM, INC and further release then from any liability or responsibility for accident, damage, injury, illness, or death to the Undersigned or to any family member or spectator accompanying the Undersigned while on the premises of GREEN GATE FARM, INC; and that except in the event of this stable's gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against this stable for any economic and non-economic losses due to bodily injury, death, and/or property damage sustained by me and/or my minor child or legal ward in relation to the premises and operations of this stable, including while riding, handling, or otherwise being near horses owned by or in the care, custody and control of this stable.

I have read and do understand the above warnings, releases, and waivers.

Parent/Guardian signature: _____ Date _____

GGF occasionally takes photographs/video of participants for marketing and public relation opportunities. Please initial the appropriate statement.

I give GGF my permission to use any photograph with my likeness (or any child's for whom I might be responsible) for promotional or advertising purposes.

I do not give GGF my permission to use any photograph with my likeness (or any child's for whom I might be responsible) for promotional or advertising purposes.

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property of GGF, I authorize GGF to

1. Secure and retain medical treatment and transportation if needed for the participant stated above
2. Release participant records upon request to the authorized agency involved in the emergency medical treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____
Parent or Legal Guardian

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services, or while on the property of GGF. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature: _____
Parent or Legal Guardian