

Rocky River Stables  
 19901 Puritas Ave.  
 Cleveland, OH 44135  
 216-267-2525  
 216-267-9743—Fax  
 valleyriding@sbcglobal.net



## *TRP Waiver, Release, Covenant Not To Sue, and Hold Harmless Agreement*

**Student / Volunteer Name** **Date of Birth** **Height** **Weight**

**Mother/Father/Guardian First Name - if under 18 yrs. old** **Last Name**

**Address** **City** **State** **Zip Code**

**Home Phone** **Other Phone**

**Email**

Class description	Day	Time	Fee
Therapeutic Riding Program			

I being under no restraint and of my own free will do agree to indemnify and save and hold harmless the instructors, employees, volunteers and all other persons connected with Valley Riding, Inc. and the Board of Park Commissioners of the Cleveland Metropolitan Park District, from and against any and all losses, claims, actions, or proceedings of every kind, nature or description which may be presented or initiated at any time hereafter to recover money, property, or damages for any injuries to persons, or any damage to property suffered or incurred during the preparation for horseback riding lessons, the lessons themselves, and any time spent at the Metroparks Stables subsequent to the lessons, or arising directly or indirectly from my participation in any of the horse or pony related activities at Rocky River Stables.

By enrolling in the: (**Circle One**) Therapeutic Riding Program or Volunteer Work understand this Waiver, Release, Covenant Not to Sue and Hold Harmless Agreement extends to and applies to any personal injuries, damages or losses which I may experience or sustain while engaged in this activity. I promise and covenant for myself, my estate, executors, heirs, and assigns not to file a lawsuit or initiate any claim procedure in respect to any personal injuries, property damage, or losses I may experience or sustain arising directly or indirectly out of my participation. I acknowledge that I (am/am not) married and that my spouse is aware of my involvement in this horse related activity and that he/she consented to the terms and conditions of this Agreement.

**I acknowledge that there are risks and dangers, both known and unknown, involved in participating** in horseback riding and being and working around horses, and I know that unanticipated and unexpected dangers and hazards may occur during my participation in the riding program. "Inherent risk of an equine activity" means a danger or condition that is an integral part of an equine activity, including, but not limited to, any of the following: (a) The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; (b) The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; (c) Hazards, including, but not limited to, surface or subsurface conditions; (d) A collision with another equine, another animal, a person, or an object; (e) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant. I freely assume all risks, hazards, dangers and losses which may occur in connection with my participation in the horse related activities at Rocky River Stables.

I acknowledge that I wish to participate in the riding program stated above offered through Valley Riding, Inc. and that my participation is voluntary and of my own desire. I certify that the above facts of personal information are true and that I have read and understand the release. I acknowledge photographs taken by Valley Riding, Inc. may be used for marketing material, unless otherwise indicated here. No Photo \_\_\_\_\_.

**IF PERMIT HOLDER IS UNDER 18 YEARS OLD AND/OR MENTALLY OR PHYSICALLY HANDICAPPED:**

As the undersigned parents and natural guardians and/or legal guardian of the participant, I attest and verify that the participant has my full consent to participate in this activity. I warrant that I am the parent/natural guardian or the duly appointed legal guardian, and I have read and understand this Waiver, Release, Covenant Not to Sue and Hold Harmless Agreement. I acknowledge the terms and conditions of this Agreement and agree to be legally bound by all of the terms and conditions set forth above.

**THE CONTENTS AND MEANING OF THIS AGREEMENT ARE CLEARLY UNDERSTOOD BY ME**

**WEIGHT LIMIT 160 lbs.** (A reasonable level of physical fitness is required for able bodied lessons)

NAME OF STUDENT/VOLUNTEER PLEASE PRINT

**X** \_\_\_\_\_  
 SIGNATURE OF STUDENT/VOLUNTEER or PARENT/GUARDIAN (if Under 18 years of age)

Date: \_\_\_\_\_

Please complete both sides

# Authorization for Emergency Medical Treatment

Participant       Staff       Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physicians Name: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

## **In the event of an emergency contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Consent Plan**

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

I authorize \_\_\_\_\_ to:

(Center's Name)

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-rays, 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: \_\_\_\_\_

Client, 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 process of receiving services or while being on the property of the agency.

- Parent or legal guardian will remain on site at all times during equine assisted activities.
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Client, Parent or Legal Guardian

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PATH International Standards for Certification & Accreditation  
2011

For Office Use Only: Form of Payment: Check # \_\_\_\_\_ Cash \_\_\_\_\_ 3<sup>rd</sup> Party \_\_\_\_\_

Please complete both sides