

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



A Non-Profit Corporation



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

Student 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	Cell Phone	Work/Other	
Email			

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 Therapeutic Riding Program 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.

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	PLEASE PRINT
X	
SIGNATURE OF STUDENT or PARENT/GUARDIAN (if Under 18 years of age)	

Date: _____

Please complete both sides

Name: _____ DOB: _____ Phone: _____

Physicians Name: _____

Health Insurance Company: _____

Allergies to Medications: _____

Current Medications: _____

Rider has an EpiPen or inhaler yes _____ no _____

In the event of an emergency contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Authorization for Emergency Medical Treatment

Consent Plan

I hereby request that the Participant named above be accepted into the horseback riding program operated by Valley Riding Inc. an Ohio non-profit organization. I acknowledge that Valley Riding Inc. has fully explained to me the scope of the equine program, including the potential for injury which can occur from riding, or caring for horses. Because of the potential benefits of Valley Riding Inc.'s program, I hereby waive any claim which I or the Participant may have against Valley Riding Inc., its Trustees, Employees or Volunteers arising out of any injury which the Participant may sustain while involved in the mounted or unmounted equine program at Valley Riding Inc.

I further understand that in the event of a medical emergency, Valley Riding, Inc. will provide basic first aid and/or call 911 and will disclose to emergency medical personnel all available health care information about the participant. I consent to Valley Riding initiating such basic first aid and or/emergency medical treatment and to Valley Riding Inc. disclosing the participant's available health care information. 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

Photo Release

For valuable consideration, the receipt of which from Valley Riding, Inc. and PATH intl. is hereby acknowledged, the undersigned hereby grants to Valley Riding, Inc. permission to take, or have taken, still and moving photographs, videos and films including television pictures of myself and /or the participant for use by Valley Riding, Inc., its advertising agencies, news media, and other persons involved with Valley Riding and its programs, to use and reproduce the photographs, films, videos and pictures and to circulate and publicize the same by any means deemed appropriate by Valley Riding, including without limitation newspapers, television media, brochures, pamphlets, instructional materials, books and clinical materials.

No inducements or promises have been made to me to secure my signature to this release other than the intention of Valley Riding, Inc. to use or cause to be used such photographs, films, videos and pictures for the primary purpose of promoting and aiding Valley Riding, Inc. and its programs.

_____ I DO consent

I DO NOT consent _____

Date _____ Signature _____

PATH International Standards for Certification & Accreditation 2011

For Office Use Only: Form of Payment: Check # _____ Cash _____ 3rd Party _____

Please complete both sides