

Rocky River Stables
 19901 Puritas Ave.
 Cleveland, OH 44135
 216-267-2525
 info@valleyriding.org



TRP Volunteer/ Staff Waiver, Release, Covenant Not To Sue, and Hold Harmless Agreement

Staff/ Volunteer Name	Date of Birth	Height	Weight
Parent/ Legal Guardian/ Caregiver		Address	
Address		City	State
Home Phone		Other Phone	
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: ***(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: 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.

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

(A reasonable level of physical fitness is required)

NAME OF STAFF/VOLUNTEER	PLEASE PRINT
X _____	Date: _____
SIGNATURE OF STAFF/VOLUNTEER or PARENT/GUARDIAN (if Under 18 years of age)	

Please complete both sides

Staff/ Volunteer Health History and Consent

Staff

Volunteer

Name: _____ Employer/ School: _____

Employer/ School Address and Phone: _____

Physicians Name: _____

Health Insurance Company: _____

Allergies to Medications: _____

Current Medications: _____

In the event of an emergency contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Health History- Please describe your current health status, particularly regarding the physical/ emotional demands of working in an equine-assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes. _____

Circle areas in which you are interested:

Program

Horse handling

Sidewalking with a student

Facility repairs

Special Events

Horse Show

Fundraising

Administration

Public relations

Grant Writing

Volunteer recruitment

Photography/video

Budget & Finance

Future Planning

Photo Release

I

DO

DO NOT

Consent to and authorize the use and reproduction by Valley Riding Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other uses for the benefit of the program.

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH Intl. Center is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

Signature: _____ Date: _____
(volunteer/staff)

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____
(volunteer/staff/caregiver; signed in presence of center staff)

Please complete both sides