



RIDER RELEASE FORM

Please read all three pages of this form carefully. It contains important liability releases and emergency medical authorization. Validate by signing in appropriate areas. It is only necessary to sign once at the end of the form if you agree to all terms. Non-consent areas are provided for specific exceptions. Chuckie's Place d/b/a Reigning Hope Therapy Services of Colorado, herein after referred to as RHTS requires this form to be updated annually.

Rider's Name _____ Date of Birth _____

Parent/Guardian _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

E-mail _____

In the event emergency, medical aid/treatment is required due to illness or injury while participating in program functions or on program property, I authorize RHTS to:

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

This authorization includes x-ray, surgery, hospitalization, medication (including anesthesia), and any treatment procedure deemed "live saving" by the medical professional. This provision will be invoked only if the person listed below is unable to be reached.

Emergency Contact _____ Phone _____

Physician's Name _____ Phone _____

Preferred Medical Facility _____

Health Insurance Co. _____ Policy # _____

Allergies _____ Seizures _____

Medications _____

Non-Consent Option – If parent/guardian/self does not consent to above emergency procedures, and wishes alternate action taken, please state so here:

NON-CONSENT SIGNATURE ONLY

Photo Release Option: I ___ Do, I ___ Do not

Consent to and authorize use and reproduction by RHTS of any and all photographs and any other audiovisual materials take of my child/ward/myself for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

RELEASE AND INDEMNITY FOR EQUINE ACTIVITIES WARNING

UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.

In consideration of being permitted to participate in equine activities at RHTS, the undersigned participant freely and voluntarily agrees for me, my spouse, heirs, successors, personal representatives and assigns to the following:

1. I release and discharge RHTS from any and all liability, claims, demands or causes of action whatsoever arising out of any damages, loss or injury to me or to my property while I am participating in any equine activities and/or while I am engaged in any activity during the period of participation in an equine activity, whether such loss, damage or injury results from the negligent acts or omissions of RHTS or from any other cause.
2. I acknowledge that participation in equine activities involves a certain amount of risk and I accept and assume any and all risks and dangers of bodily injury, disability, death and/or property damage, even if caused in whole or in part by the negligent acts or omissions of RHTS, or from any other cause.
3. I indemnify and hold harmless RHTS from any and all loss, liability or expense of any nature whatsoever, including reasonable attorney's fees and costs, which it may incur or be exposed to as a result of any claim or bodily injury, death or property damage resulting from my participation in any equine activity.

4. I agree that exclusive jurisdiction and venue for any lawsuit arising out of this Agreement or the dealings between us shall be in the state courts in El Paso County, CO, and that the laws of the State of Colorado shall apply.

5. To the extent that any part of this Agreement is found to be invalid, void or illegal under applicable law, then the Court shall reform such part of this Agreement only to the extent necessary in order to make it enforceable, and all of the remainder of this Agreement shall remain in full force and effect.

6. Definitions
 - a. All references in this document shall refer to Reigning Hope Therapy Services of Colorado, as well as its successors, assigns, officers, directors, employees, agents, insurers, instructors and independent contractors performing services at RHTS.
 - b. Equine Activity. For purposes of this document, the term "equine activity" shall include any activity in which I engage while participating in therapeutic horseback riding, equine assisted activities (such as equine assisted learning and equine assisted psychotherapy) or hippotherapy classes, either as a volunteer, as a rider, or both. The term shall also include activities in which I engage in order to prepare the horses, equipment, facilities or riders for use in therapeutic horseback riding, equine assisted activities and hippotherapy classes. The activities in which I may engage include, but are not limited to, shoveling stalls, cleaning and storing tack, maintaining equipment and facilities, grooming, tacking and untacking, bringing horses in from the turnout, returning horses to their stalls, feeding and watering horses. Although most of these activities will occur on site the term equine activity also includes any activities in which I engage, either as a volunteer or a rider, or both, at off site events in which RHTS participates or sponsors. I understand and agree that my participation in any equine activity begins upon my arrival at the place where the equine activity begins, then stops upon my departure from the place where the equine activities end.
 - c. Term of Release and Indemnity. The Release and Indemnity for equine activities shall be binding for a period of time equal to the longest statute of limitation, regardless of the theory of law, applicable to any claim arising out of or in any way connected with the undersigned's participation in an equine activity.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, UNDERSTAND IT COMPLETELY AND VOLUNTARILY AGREE TO BE BOUND BY ITS TERMS.

Print Full Name of Participant _____

Signature _____ Date _____

If a minor or an incapacitated person, parent or guardian must sign below.

Signature _____ Date _____

Print Full Name of Parent or Legal Guardian _____

Address and telephone number of parent/legal guardian (if different from participant)

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