

PARTICIPANT LIABILITY RELEASE FORM

PLEASE READ CAREFULLY!!!! This form must be read and signed by any Rider who intends to ride on QUEST property or use QUEST horses and equipment. In the event the rider is under the age of 18 years, this form must be ready and signed by the parent or legal guardian of said minor prior to participation..

Let it be understood that this form is a release of liability contract between QUEST and the Volunteer and/or the Rider.

EQUINE LIABILITY ACT WARNING

Under the Equine Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility of injury, loss, or damage to person or property resulting from the risk of equine activities.

Upon acceptance of horse and equipment, I _____, acknowledge that I assume full responsibility for my own safety. I further understand that I ride and participate in activities at QUEST at my own risk. I agree to hold QUEST, its officers, volunteers, employees, board members, property owner, horse owner(s) if other than QUEST, harmless from every and all claims which might arise from any injury which occurs from the use of any horse and/or equipment, in favor of myself, my heirs, representatives or dependents. I understand that QUEST does Not represent or warrant the quality or character of any horse furnished, and that QUEST, the stable, its agents and employees are released from ordinary acts of negligence. I understand that horseback riding will expose the participant to above normal risks. The release shall give notice to the participant, or parent or guardian, of the risk of engaging in equine activities. I understand (1) the propensity of an equine to behave in dangerous ways that may result in injury to me; (2) the inability to predict a horse's reaction to sound, movements, objects, persons, or animals; and (3) the hazards of surface or subsurface conditions. I understand that I MUST wear protective headgear at all times while riding, mounting or dismounting. I understand that the wearing of such headgear may prevent or reduce the severity of some head injuries and may even prevent death due to a fall or other occurrence.

This release shall remain valid until expressly revoked by me, or if a minor, the parent or legal guardian.

Please Check One: _____ **I consent** _____ **I do NOT consent** to the use and/or reproduction by QUEST of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Student's Name _____ Phone number _____

Address _____ City/State/Zip _____

Signature: _____ Date: _____
(signed by parent/legal guardian of participant if under 18 years of age)

We must have on file for your child to participate. Thank you!