



Statement of Inherent Risks

(Title 7 M.R.S.A. sec.4104A)

I, _____ (*Student or Student's guardian or parent if a minor*) acknowledge that I have read and that I fully understand the following statement of inherent risks, and that I am participating in this sport despite the potential risks.

Equine activities involve a degree of risk that can result in injury or even death, including, but not limited to, the following:

- a. The propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around the equine;
- b. The unpredictability of an equine's reaction to such things as sounds, movement and unfamiliar objects, persons or other animals;
- c. Certain hazards, such as surface or subsurface conditions;
- d. Collisions with other equines or objects; and
- e. The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.

Signature: _____
(Signed by Parent/Guardian student is a minor) *(Date)*

Release of Liability

I understand that the caring for and the riding of horses are inherently dangerous activities. I understand that riding may include falling off, which may result in injury or death.

I agree to indemnify and hold harmless Sande School of Horsemanship and Sande Performance Horses (herein referred to as the Providers), as well as their assignees, property owners, board of directors, volunteers and employees from and against all claims and liabilities including incidental cost and expenses, for injury to or death of any person or persons, or for loss or damage to any property, including any horse, arising from or in any way connected with the performance of services by the Providers and their assignees, property owners, volunteers, board of directors and employees.

Student agrees to abide by the rules of the Providers as they now exist or as they may be amended from time to time. In particular, Student agrees to wear a properly fitted and secured ASTM/SEI certified protective equestrian headgear when riding horses as well as appropriate riding footwear.

I state that I, and if applicable, my minor child/children are fully and appropriately covered by personal medical insurance.

I further agree that a clear photocopy of this document shall serve the same purpose as the original.

Policy # and Carrier: _____

Signed: _____
(Signed by Parent/Guardian student is a minor) *(Date)*

Contact Information and Medical Treatment Release

Student(s): _____ Parent/Guardian (if student is a minor): _____

Address: _____ City, State, Zip: _____

Phone Number: _____ Cell Phone/Alternate: _____

E-mail address: _____

Emergency Contact 1:

Name: _____ Relationship: _____

Phone(s): _____

Emergency Contact 2:

Name: _____ Relationship: _____

Phone(s): _____

Please choose between the Consent or Non-Consent plan in the event of an emergency:

Consent Plan

I, the undersigned, allow Sande School of Horsemanship, Sande Performance Horses or its representatives to sign for treatment in any licensed medical facility. I also agree to be financially responsible for all treatment authorized by Sande School of Horsemanship, Sande Performance Horses or its representatives. I further agree that a clear photocopy of this document shall serve the same purpose as the original.

Signed: _____ Date: _____

(Signed by Parent/Guardian student is a minor)

Non-Consent Plan

(Parent or legal guardian must remain on site at all times during equine assisted activities if the non-consent plan is chosen). I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the facility. In the event emergency treatment/aid is required, I wish the following procedure to take place:

Signed: _____ Date: _____

(Signed by Parent/Guardian student is a minor)

Photo/Video Release

I _____ DO _____ DO NOT (circle one) consent to and authorize the use and reproduction by Sande School of Horsemanship or Sande Performance Horses of any and all photographs and any other audio/visual materials taken of _____ for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature _____ Date _____

(Signed by Parent/Guardian student is a minor)