



HorseFriends

HorseFriends, Inc.

PO Box 10211 Greensboro, NC 27404
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www.HorseFriendsNC.org info@HorseFriendsNC.org

Release of Liability Agreement

I, (participant or parent/legal guardian) _____ for and in consideration of the agreement of HorseFriends, Inc. to provide therapeutic horseback riding to _____ (child or children participant names), do hereby forever release, acquit, discharge, and hold harmless HorseFriends, Inc. and Flintrock Farm, Inc. their officers, trustees, agents, employees, representatives, successors and assigns, for all manner of claims, demands, and damages of every kind and nature whatsoever, which the undersigned may now, or in the future, have against HorseFriends, Inc. and Flintrock Farm, Inc. their officers, trustees, agents, employees, representatives, successors or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the undersigned and the treatment therefore as a result of, or in anyway growing out of, the acts of HorseFriends, Inc. and Flintrock Farm, Inc., their officers, trustees, agents, employees, representatives, successors or assigns, including but not limited to, their negligence or gross negligence, in rendering the services above described or in any way incidental thereto.

UNDER NORTH CAROLINA GENERAL STATUTES CHAPTER 99E, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

Signature of Participant or Parent/Legal Guardian

Date

Signature of Program Personnel

Date

Photo and Video Release

I hereby consent to and authorize the use and reproduction by HorseFriends, Inc. of any and all photographs, video, and any other audio/visual materials taken of me and my family for promotional printed and website materials, educational activities, exhibitions, and any other use for the benefit of the program.

Signature of Participant or Parent/Legal Guardian

Date