



**Safe Haven Farms**  
A Community of Choice

## Waiver of Liability & Photo Release

Participant/Volunteer Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_, a volunteer, a rider, animal activities participant, parent, or legal guardian of a rider, would like to participate in the Safe Haven Equine Assisted Riding and/or Animal Care Activities Program. I acknowledge that risks are inherent in horseback riding, equine activity, and animal interactions. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors and administrator, waive, release and exonerate Safe Haven Farms, its Trustees, Board of Directors, officers, instructors, therapists, aides, volunteers, independent contractors and/or employees from any and all tort and civil liability, damages and claims arising from or related to all activities associated with Safe Haven Equine Assisted Riding equine activities, and other animal care/interactions, including but not limited to any injuries and/or losses I/my son, my daughter/my ward may sustain while participating in Safe Haven Equine Assisted Riding and animal care activities/interaction. I understand that some of the inherent risks in equine/animal activity include, but are not limited to:

- A. The propensity of an equine or other farm animal to behave in ways that may result in injury, death, or loss to person on or around the equine and other farm animals.
- 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 and subsurface conditions.
- D. A collision with another equine, another animal, a person, or an object.
- E. The potential of an equine/animal care 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/other farm animals or failing to act within the ability of the participant.

I agree that I have been given sufficient time to read, understand and ask questions, if any concerning the nature and scope of the Voluntary Waiver and Release Agreement.

\_\_\_\_\_  
Signature (Adult)

\_\_\_\_\_  
Signature of Custodial Adult

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name of Custodial Adult

**Photo Release:** I do \_\_\_\_\_ I do not \_\_\_\_\_ consent to and authorize the use and reproduction by Safe Haven Farms, Inc of any and all photographs and any other visual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

I also will NOT publish/use any photos taken on my personal device of any participant or volunteer without expressed permission of those in photo.

\_\_\_\_\_  
Signature (Adult)

\_\_\_\_\_  
Signature of Custodial Adult

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name of Custodial Adult



## Emergency Medical Release

Participant/Volunteer Name: \_\_\_\_\_ DOB \_\_\_\_\_

If minor, Parent/Guardian/Caregiver: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact

If the above cannot be reached, I authorize these people be contacted and the participant can be placed in their care.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all known medication allergies: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

*If an ambulance is called, they may make the final decision as to hospital ER.*

### CONSENT FOR EMERGENCY MEDICAL TREATMENT

**In the event of a medical emergency, the center will provide basic first aid and/or call 911. Personal Health Information will be disclosed as necessary to medical personnel.**

**I Give Consent for Emergency Medical Care as Stated Above**

**I Do NOT Give Consent for Emergency Medical Care.**

**I will not hold the center responsible for my decision to withhold consent. In the event emergency care is required, I wish the following procedures take place:**

\_\_\_\_\_  
\_\_\_\_\_

**\*\*If the person involved has a life threatening condition, 911 will be called immediately and emergency services will be requested.**

\_\_\_\_\_  
Signature (Adult)

\_\_\_\_\_  
Signature of Custodial Adult

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name of Custodial Adult