

**PARTICIPANT AGREEMENT**  
**HORSES WITH HEARTS, INC.**



- I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, a minor under the age of 18 years, acknowledge that we applied to participate in the Horses with Hearts therapeutic riding program.
- I understand that it is my responsibility to notify Horses with Hearts if he/she is unable to participate, or has limitations or restrictions, in riding activities for medical or any other reason, and I understand it is my responsibility to notify Horses with Hearts of any medical or other recommendations which may be made that are relevant to the riding program and attendant activities.
- I understand that he/she will not be covered by or eligible for any insurance coverage offered by or available through Horses with Hearts or other project sponsors.
- I give my permission for the Horses with Hearts to use, without limitation or obligation, photographs, film footage, or tape recordings which may include \_\_\_\_\_'s image or voice for the purposes of promoting, or interpreting the Organization's programs.
- I agree to hold harmless and defend Horses with Hearts, its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, losses, or death sustained by \_\_\_\_\_ and arising out of, connecting with, or any way associated with the activities of this Organization.
- I agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of West Virginia. I agree that in the event any clause or provision of this Agreement shall be held to be invalid by a court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Agreement which shall continue to be enforceable.
- I have carefully read this agreement and fully understand its contents. By signing this agreement, I certify that I am the parent of legal guardian of \_\_\_\_\_, and that I have had the opportunity to consult with counsel, or others of my choosing, prior to executing this agreement and that I sign the same voluntarily.

\_\_\_\_\_  
Signature of Participant's Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
On behalf of Horses with Hearts, Inc.

\_\_\_\_\_  
Date

