



## LIABILITY RELEASE FORM

I agree to the following agreement with the Equine Center for Learning (ECL) and the Lansing School District, a Michigan non-profit Organization, (hereafter referred to as "Center"), as a condition for allowing me, and the persons identified below, to enter the Center's premises and surrounding land, to be near horses, participate in equine-assisted activities, ride the horses, work near the horses, participate in hay rides, handle horses, use equipment, work with staff and volunteers, and/or receive instruction or guidance in riding, grooming, or handling the horses (these activities will hereafter be referred to in this document as "The Activities").

Chaperone Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### IT IS HEREBY AGREED AS FOLLOWS:

I/we are aware and acknowledge the inherent dangers, hazards and risks, associated with equine activities. I/we understand that the inherent risks of the equine activities mean those dangerous conditions which are an integral part of the equine activities, include but not limited to:

1. The propensity of any equine to behave in ways that may result in injury, harm or even death to persons on or around them and/or damage to property in their vicinity.
2. The unpredictability of an equine's reaction to such things as sounds, sudden movement and unfamiliar objects persons or other animals.
3. The equine's response to certain hazards such as surface and sub-surface objects.
4. Collisions with other equines, animals, people and objects.

The potential of any participant to act in a negligent manner that may contribute to injury to the participant or others, such as falling to maintain control over the equine or to act within his/her ability. I/we assume these risks and accept the consequences involved in the participation of the participant registered on this form. I/we will consult with the instructor of the Equine Center for Learning (ECL) for advice in circumstances where safe practices are in doubt.

**Warning: Under the Michigan equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.**

I/we have read and fully understand the content of this release of liability and agree to comply with the intent to hold harmless or to indemnify the Equine Center for Learning (ECL), the Lansing School District, its' staff, volunteers or any other individuals and/or organizations involved, from any liability or injury that may result from participation in this program.

I/we understand that the Equine Center for Learning (ECL), always recommends that I/we seek the advice of a physician, as many of The Activities pose special physical risks to the participant and even to the volunteer. I/we acknowledge that it is my/our responsibility to make the Equine Center for Learning (ECL), aware of any conditions that may affect my ability to handle, ride and /or be near an equine.

I/we have received information on the signs, symptoms and consequences of concussions in accordance with Public Acts 342 and 343 of 2012. By signing below, I acknowledge that I have read, fully understand, and agree to be bound by the provision of this release.

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**Signature of chaperone**

**Date**



### Authorization for Medical Treatment

\_\_\_I, give my consent, in case of a medical emergency, to authorize the Equine Center for Learning staff to provide such medical assistance as they determine necessary. I authorize any licensed physician and/or medical facility to provide medical, surgical care and/or hospitalization for the participant, including anesthetic, which medical professionals determine to be necessary or advisable, pending receipt of a specific consent from me.

\_\_\_I, do not give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being present on the property of the agency (ECL). In the event of an emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Chaperone

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Emergency Contact person

Relationship to Chaperone

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Phone Number

Signature

### PHOTO AND VIDEO RELEASE

I/we authorize the appropriate use of any photographs, audio or video footage that may capture the image of the participant. These photos may be taken during an event or a class that the participant has enrolled in. Photos or videos may be used on the ECL website, public media, newspapers or magazines.

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Signature of Chaperone

Date

You cannot be a chaperone until this form and chaperone form #2 is filled out and completed.

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