



# HHH Equine Inc/ Hand, Hoof and Heart Release and Hold Harmless

\*\*\*\*\*

**WARNING:** Under Georgia Law an equine activity sponsor or equine professional is not liable for the injury to or death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

**Name of Participant:** \_\_\_\_\_ **Name of parent/guardian (if applicable):** \_\_\_\_\_

In consideration for the privilege of riding/and or working with horses and farm animals at HHH Equine Inc/Hand, Hoof and Heart (stable), I, \_\_\_\_\_ acknowledge that I have read the above "WARNING" and the statements on this Release and Hold Harmless Agreement, and hereby indemnify and hold harmless, Proctor Creek Farm, LLC, and it's employees from any liability arising from accident injury, theft, or damages to myself, my representatives, helpers, all equipment and property, and animals under my jurisdiction. I agree to abide by all barn rules.

I understand the potential danger that I could incur in mounting, riding, walking, boarding, feeding horses, including, but not limited to, any interactions with other horses at the stable. Understanding those risks I hereby release HHH Equine Inc/Hand, Hoof and Heart, its officers, directors, shareholders, employees, and anyone else directly or indirectly connected with HHH Equine Inc/Hand, Hoof and Heart from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to mount and ride, handle and horse owned or operated by HHH Equine Inc/Hand, Hoof and Heart or any horse at the stable.

I further voluntarily agree and warrant to Release and Hold Harmless all equine professional from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional's negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including but not limited to, injuries, death or property damage from; riding; mounting; dismounting; walking; grooming; feeding; use of barn, paddocks, or arenas, in any capacity; falling off horse whether horse is bucking, flipping, rearing, spooked; or my failure to understand any equine professional's directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse I have been assigned to.

GRANT OF PERMISSION I/we the undersigned, (participant above named for, if minor, parent/guardians) hereby grant permission and authority to HHH Equine Inc/Hand, Hoof and Heart, and authorized employees to act for us in executing verbal instructions if unable to contact us, to act for us in dealing with physicians, available ambulance companies and hospitals, to obtain prompt medical attention for the participant named in the event of any perceived medical emergency.

I hereby covenant and agree to release HHH Equine Inc/Hand, Hoof and Heart, it's officers, agents, and employees, and owners of any property or horse concerned, and hold harmless from liability for any injury or damage which the rider may sustain while at HHH Equine Inc/Hand, Hoof and Heart. Or participating in any activity sponsored by HHH Equine Inc/Hand, Hoof and Heart and from any liability connected with obtaining prompt medical attention for the rider named above. The terms of this release form shall be constructed as the entire agreement and may not be altered, amended, or modified except in writing and signed by both parties.

IF UNDER 18, THE PARENT OR LEGAL GUARDIAN MUST READ AND SIGN

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

\*\*\*\*NOTICE: Wearing an ASTM/SEI approved hard hat (helmet) is required for all riders.



## Rider Information

Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

### Parent/Guardian

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### In Case of Emergency

Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### PHOTO/VIDEO RELEASE

**Name of Participant:** \_\_\_\_\_

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants HHH permission to take, or have taken, still and moving photographs and films of the above named Participant, including television pictures, and consents and authorizes HHH, its advertising agencies, news media, and any other persons interested in HHH and its work, to use and reproduce the photographs, films or pictures, and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical materials. With respect to the foregoing matters, no inducements or promises have been made to secure this signature to this release other than the intention of HHH to use, or cause to be used, such photographs, films, and pictures for the primary purpose of promoting HHH and its work.

I GIVE consent: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of  
**adult Participant, or parent/guardian of minor Participant**

I DO NOT give consent: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of  
**adult Participant, or parent/guardian/ of minor Participant**



## RIDER HEALTH HISTORY

Rider: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Health History

Please describe you/your child's current health status, particularly regarding the physical/emotional demands of participating in an equine program. Specify if there are issues with fitness, cardiac, respiratory, bone or joint function, recent hospitalizations or surgeries.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

---

---

**Allergies** (Medications, Food, Environmental (e.g. bees, horses, hay, grasses etc...))

---

---

**Current Medications** (Any side effects: behavior, energy level, sun exposure etc...)

---

---

I give my permission for HHH Equine Inc/Hand, Hoof and Heart staff to give allergy medicine (such as Benadryl) to my child, if they are exhibiting signs of an allergic reaction to the horses or the stable environment.

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant if over 18 or Parent/Guardian)



## Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize HHH Equine Inc/Hand, Hoof and Heart to:

1. Secure and retain medical treatment and transportation if needed.

**I hold HHH Equine Inc/Hand, Hoof and Heart harmless for any expenses incurred in my interests.**

Participant: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_ Health

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date of last

Tetanus shot: \_\_\_\_\_

Please indicate any allergies:

\_\_\_\_\_ Please

indicate any disability, limitations or medical conditions that may affect your riding lessons that we should be aware of:

### **CONSENT PLAN** (to be invoked in the event that your Emergency Contact cannot be reached)

I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of the agency. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and any other medical or dental expenses incurred.

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Consent Signature:

\_\_\_\_\_ Date: \_\_\_\_\_ (Participant or Parent/Legal Guardian)

## Non-Consent Plan

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 property of the agency. In the event emergency treatment/aid is required, I wish the following procedure to take place:

---

---

---

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant if over 18 or Parent/Legal Guardian

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_