

Nipper Knolls, Inc.
Nipper Knolls Equine Center, Inc.

Participant Information and Liability Release Form

Participant Name: _____ D.O.B: _____ Age: _____ Wt.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone (H) _____ (C) _____ E-mail address: _____
Signature: _____ Date: _____
Parent or Legal Guardian Signature (If participant is under 18 years old)

IN CASE OF EMERGENCY:

Contact Name: _____ Phone #: (____) _____ - _____
Contact Name: _____ Phone #: (____) _____ - _____

PHOTO/NAME RELEASE

____ I hereby consent to and authorize; ____ I do not consent to, nor authorize: 1) Nipper Knolls Inc. &/or Nipper Knolls Equine Center, Inc. to use my (my child/ward) name, photograph or image in print, online and video publications. 2) Release Nipper Knolls Inc. &/or Nipper Knolls Equine Center, Inc., its contract providers and any third party parties from all liabilities or claims that I might assert in connection with the above-described activities and 3) Waive any rights to inspect, approve or receive compensations for any materials or communications, including photographs, videotapes, DVDs, website images or written materials, incorporating photos/images of me/my child/ward.

Signature/s: _____ Date: _____
Parent or Legal Guardian signature (if participant is under 18 years of age)

Testing Release (New participants only)

I understand that Nipper Knolls, Inc. instructor will perform an assessment to determine appropriateness of equine assisted activities/therapies. I also understand that not all potential participants will receive services for individual/specific reasons, including but not limited to: availability appropriate equines, volunteers, staff, weight limitations of rider.

Signature: _____ Date: _____
Parent or Legal Guardian (if participant is under 18 years of age)

Protective Headgear Policy

All participants of Nipper Knolls, Inc. &/or Nipper Knolls Equine Center, Inc. are required to wear an American Society for Testing and Materials-Safety Equipment Institute (ASTM-SEI) while performing equine groundwork and mounted activities. Exception only when a healthcare provider is involved designing an adaptive headgear device to meet the individual special needs. NK Inc. will have usual and customary headgear available for participants.

Signature: _____ Date: _____
Parent or Legal Guardian (if participant is under 18 years of age)

LIABILITY RELEASE:

New York State Equine Law states that: *Under New York State law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities.*

I/my child/my ward would like to participate in Nipper Knolls, Inc. Therapeutic Riding Program and/or Physical Therapy using Hippotherapy. I acknowledge the risks and potential for risks of horseback riding and horsemanship activities, including grievous bodily harm. However, I feel that the possible benefits to me/my child/my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims to damages against Nipper Knolls Inc. &/or Nipper Knolls Equine Center, Inc., Contract Instructors, Contract Therapists, Stable Owners, Stable employees/volunteers, as well as Board of Directors, for any and all injuries and /or losses I/my child/my ward may sustain while participating in the Nipper Knolls Inc. &/or Nipper Knolls Equine Center, Inc. program. The undersigned acknowledges that he/she has read the Participant Information and Liability Release form in its entirety, that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Signature: _____
Parent or Legal Guardian (if participant is under 18 years of age)

Print Name: _____ Date: _____

This form is to be updated annually