



HORSES AND HOPE / UNION BAPTIST CHURCH / UNION ARENA

1405 North McDonough Road

Griffin, GA 30223

(770)227-8725 /Ubcg.org

RIDERS WAIVER AND RELEASE - READ BEFORE SIGNING

DATE OF EVENT: _____

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birth date: _____ Gender: _____ Grade: _____

School: _____ Home Phone: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Guardian Name (if different from Father or Mother): _____ Phone: _____

Person picking up Participant: _____ Phone: _____

Person to Notify if Emergency: _____ Phone: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Phone: _____ Policy #: _____

Immunization: Tetanus: _____ Polio Booster: _____ Measles: _____ Mumps: _____ Other: _____

Allergies: Food: _____ Insect stings/bites: _____

Penicillin/Drugs: _____ Others: _____

Previous/Current Serious Illnesses: _____

Current Medication: _____

Childhood / Current Diseases: _____

Any other medical history we should be aware of? _____ NO

_____ YES (EXPLAIN: _____)

*I hereby authorize Union Baptist Church/Horses and Hope Program representative to take my child to the above-named physician or an emergency facility for medical treatment in the event of an emergency in which neither parent can be reached.
Parent/Guardian: _____ Date: _____

*I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the physician cannot respond.
Parent/Guardian: _____ Date: _____

* I hereby authorize Union Baptist Church/Horses and Hope Program to call an ambulance/helicopter to transport my child in case of an emergency to emergency facility for medical treatment. I will be responsible for all cost involved.
Parent/Guardian: _____ Date: _____

*In consideration for being permitted participate in the Horses and Hope Program at Union Baptist Church/Union Arena located at 1405 North McDonough Road, Griffin, GA 30223, I agree on behalf of myself and my personal representatives, heirs and next of kin as follows:

* I recognize that viewing, riding, handling, mounting, walking, and feeding horse(s) ("Equestrian Activities") are dangerous and involve a high degree of risk, including injury, death, and the unavailability of emergency medical care. I assume such risk, and I further acknowledge and understand that the behavior and temperament of horses is unpredictable and that there are inherent risks in Equestrian Activities that cannot be eliminated, including: the propensity of horses to behave in ways (such as running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on) that may result in injury, harm, or death to persons on or around them; the unpredictability of a horse's reactions to such things as sounds, sudden movement, and familiar and unfamiliar objects, persons, or other animals; certain hazards related to the surface and subsurface of areas where Equestrian Activities occur; collisions with other horses; injury to, or illness or death of, any horses on the premises; collisions with objects, including, but not limited to, the ground and objects on the ground, jumps, fences, buildings, farm implements, automobiles, trees, and other natural and unnatural objects located directly in or accessible to the area where Equestrian Activities occur; and the potential for me or others participating in Equestrian Activities to act in a manner that may cause or contribute to injury, harm, or death to myself or others, for example by failing to maintain control over the animal or failing to act safely within one's own ability.

*I assume full responsibility for any activities in which I engage in while riding or handling horses. I understand that under Georgia law, I have the sole responsibility for knowing the range of my ability to manage, care for, and control my horse or perform an equine activities, and it is my duty to act within the limits of my own ability, to maintain reasonable control of my horse at all times while participating in the Equestrian Activities, to heed all posted warnings, and to refrain from acting in a manner that may cause or contribute to the injury of any person. I assume all risks associated with the Equestrian Activities at Union Baptist Church / Union Arena / Horses and Hope Program and any persons or entities associated with the program.

WARNING: UNDER GEORGIA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIE, PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GORGIA ANNOTATED

*I agree to abide by all rules and regulations established by Horses and Hope Program, Union Baptist Church and anyone participating in connection with this program.

* I agree that any time I ride I will wear footwear that is enclosed (no sandals or shoes with a strap) and a certified riding helmet in order to reduce injuries that could arise from an accident while riding. Long pants and shirts with sleeves (no tank-tops) must be worn during program. Clothing must not have any inappropriate wording or pictures.

* I agree no cell phones or electronic devices will be in my possession during the event.

*I agree not use, distribute, or possess any tobacco, drugs or alcohol while on the property located at 1405 North McDonough Road, Griffin, Georgia 30223.

*I agree not to use or possess any weapons or firearms while on the property located at 1405 North McDonough Road, Griffin, Georgia 30223.

*I understand that as a Participant, I or my child may be photographed or videotaped during normal activities, and these photos/videos may be used in promotional materials.

* I understand that participating in this event/program I will be exposed to Christian topics and values. During this event Christian topics and values will be promoted and discussed. I do not oppose to Christian topics and values to be discussed or promoted.

*I release Union Baptist Church / Union Arena / Horses and Hope Program and any persons or entities associated with the program and I agree not to sue them for any loss, injury, or death to my person or property, including the horses in any way arising in connection with my participation in Equestrian Activities or my presence at the Union Arena/Union Baptist Church, 1405 North McDonough Road, Griffin, Ga 30223 or for any other purpose; and I agree to indemnify, defend and save and hold harmless Union Baptist Church, Union Arena and the Horses and Hope Program, and each of them, from any loss, liability, damage or cost that might be sustained by me, a horse, any third party or parties, or the property of me or any other person, in connection with my participation in Equestrian activities or my presence at union arena, Union Baptist Church or for any other purpose, whether or not such loss or injury is caused by the negligence of Union Arena, Union Baptist Church and Horses and Hope Program.

* This Release shall be governed by Georgia law. I agree to submit to personal jurisdiction within the State of Georgia and further agree that the exclusive venue for resolving disputes arising in connection with this Release shall be in state or federal court in the State of Georgia.

*Any modification of this Release or additional obligation assumed by the Releases or me will be binding only if in writing signed by each party or his, her or its authorized representative. Sever ability. *The invalidity of any portion of this Release shall not affect the validity of any other provision in this Release. In the event that any provision of this Release is held to be invalid, the remaining provisions will continue in full force and effect.

* In the event that any costs are incurred to enforce any covenant contained in this Release, I agree to pay such costs, including reasonable attorneys' fees.

* I agree that Union Baptist Church / Union Arena includes any and all of their employees, agents, and volunteers, any business entity that they have any ownership stake in or for which they serves as a director, officer, or manager, and any trust of which they are a trustee or beneficiary.

*I have read this Rider Waiver and Release, I fully understand its terms, understand that I may have given up substantial rights by signing it, and I sign it freely and voluntarily.

X _____
(Rider's Signature) (Witness)

(Rider's Name - Please Print)

DATE: _____

FOR RIDERS (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for the rider identified below, do consent and agree to his/her release as provided above of all the Releasees, and each of them. For myself, my heirs, assigns, and next of kin, I AGREE to all the above provisions and AGREE to assume all obligations of this Release on my minor child's behalf. I release, and agree to indemnify and hold harmless, the Releasees, and any of them, from any and all liabilities incident to my minor child's observation, involvement, or participation in Equestrian Activities or otherwise arising in connection with my minor child's presence on the Premises, as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, OR ANY OF THEM.

PARENT/GUARDIAN:

X _____
(Parent's/Guardian's Signature) (Witness)

(Name of Parent or Guardian if Rider is a Minor - Please Print)

DATE: _____ Emergency Phone Number: _____