

NORUSH Farm
An Equine-Assisted Experiential Learning Facility

Waiver and Release Form

Equine-Related Activity

Registration:

Client/Participant/Volunteer _____ **Date of Birth:** _____
Street Address: _____
City/Province: _____ **Postal Code:** _____
Phone: (h) _____ **(w)** _____ **Emergency** _____
Employer: _____ **Position:** _____
Medical Conditions?: _____

CONSENT AND WAIVER OF LIABILITY

I understand that to a client, visitor, participant, employee, or volunteer, to NoRush Farm, operated by Sibylle Bechtold, there are inherent risks and I have full knowledge of the nature and extent of these risks. I acknowledge that Sibylle Bechtold has fully explained to me the scope of the equine-assisted learning program, including the potential for injury that can occur from riding horses, caring for horses or being involved in therapeutic/learning activities that include horses.

I consent to participation in all related events at NoRush Farm and hereby waive liability, indemnify and save harmless NoRush Farm, its owner Sibylle Bechtold, it's employees, volunteers, and associates from any injury or loss occasioned by me including, without limitation, other person's negligent actions, inactions, and/or misconduct and lack of readily available medical care and treatment.

I hereby request that the participant named above assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider and spectator. In consideration, therefore, for the privilege of working and/or participating in activities around horses at this farm, located at 330 Sweetland Road, Farmville, Nova Scotia, the undersigned does hereby agree to hold harmless and indemnify Sibylle Bechtold and further release her from any liability or responsibility for accident, damage, injury or illness to the Undersigned or to any family member or spectator accompanying the Undersigned on the premises. I have read and understood this release.

Signature of Client/Participant/Volunteer **Date**

Signature of Parent/Guardian **Date**