



Assumption of Risk And Release Form



Located at 795 Peter Cave RD; McKee, KY 40447 * Mailing Address is PO Box 667; London, KY 40743

_____ (Minor Participant's Full Name) has my permission to participate in activities at Triple R Ranch Inc. This permission slip is also for the Cowboy Up For Christ youth equine program, its activities, and any other activities held by Triple R Ranch for the year 2014.

In consideration of Triple R Ranch/Cowboy Up For Christ (herein TRR/CUC) accepting the above named minor for participation in the activities of the above named group(s), I hereby, for the above named minor & myself, our heirs, executors, & administrators, waive & release any & all rights & claims for injuries or damages that we may now or hereafter have against TRR/CUC & their agents, employees, trustees, representatives, successors, or volunteers, & assigns for any & all injuries or damages suffered by me or my child/dependent that arise out of the activities sponsored by TRR/CUC.

I warrant that I have the right to authorize & to wave & release all claims for the above named minor & do hereby agree to hold TRR/CUC harmless of & from any & all liability of whatever nature which may arise out of or result from such participation.

For the consideration states above, I further agree that in the event that the above named minor or I should make any claim against TRR/CUC for injuries or damages arising out of the activities. I will personally indemnify, defend, & hold harmless TRR/CUC & their agents, employees, trustees, representatives, successors, or volunteers & assigns against any & all injury, loss, & damage occasioned thereby, including attorney's fees.

Participant's Full Name: _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

Photographs could be taken of your child for posting on Facebook, our webpage, other social media, newspaper, and / or other various publications. ****IF FOR SOME REASON THE PHOTOGRAPHS OF YOUR CHILD SHOULD NOT BE PUBLISHED, PLEASE NOTIFY THE PERSON AT REGISTRATION!****

I acknowledge that I have been fully informed of the inherent hazards & risks associated with equine (horse) related activities related to TRR/CUC. These include but are not limited to: (1) Risk of injury from activity & equipment utilized in equine activities that could result in permanent disability &/or death. (2) Possible failure of equipment owned by TRR/CUC, others, or myself including, but not limited to saddles & bridles which may loosen/break causing participant to fall. (3) Negligence of the above named minor, myself &/or negligence of all others, including all volunteers, employees, agents, independent contractors, or representatives of TRR/CUC, including but not limited to operator error. (4) The propensity of an equine (horse) to behave in dangerous ways regardless of past training & performance including but not limited to the animal's propensity to: run, buck, bite, kick, shy, stumble, rear, trample, scratch, peek, fall, or make unpredictable movements. (5) The inability to predict an equine's reaction to sound, movement, unfamiliar environment, objects, persons, or other animals. (6) Natural hazards including, but not limited to, surface & subsurface conditions. (7) The domesticated animal may also react in a dangerous manner when condition or treatment is considered hazardous to its welfare. (8) Failure of



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participant to exercise reasonable care, take adequate precautions, use adequate control, maintaining reasonable control of the animal, or failing to act in a manner consistent with the person's abilities. (9) Encounters, attacks &/or collisions with other animals, insects, reptiles, brush, trees, or objects. (10) Broken bones, severe injuries to head, neck, & back which may result in severe impairment or even death. (11) Exposure to outdoor elements & weather related injury & illness including, but not limited to, avalanche, rock fall, inclement weather, thunder, lightning, severe/variable winds, temperature, all other weather conditions, frost nip/bite, heat exhaustion/stroke, sunburn, hypothermia, & dehydration. (12) Accidents or illness occurring in remote places where there are no immediately available medical facilities. (13) Fatigue, chill, &/or dizziness, which may diminish the above named minor's/my/our reaction time, increasing the risk of accident/injury. (14) The above named minor's/my sense of balance, physical coordination, & ability to follow instructions. *I understand the description of the risk is not complete & that unknown/unanticipated risk may result in injury, illness, or death.

I also grant my permission, in my absence, for TRR/CUC to seek medical treatment for the foregoing minor & for said minor to receive treatment. **In case of an emergency please tell us who to contact:**

#1 _____ Phone #'s _____
#2 _____ Phone #'s _____
#3 _____ Phone #'s _____

_____ Please initial here if participant has any **MEDICAL CONDITIONS, FOOD OR MEDICATION ALLERGIES** or any **Behavioral or Physical Concerns**. Please list those here along with any medication the participant is currently taking and why it is being taken.

Participants Date Of Birth: _____ School Attending this year: _____ Grade Level _____

Participants Doctor & Doctor's location: _____

Insurance Company: _____ Name on insurance card: _____

Policy # _____ Group Number _____ Effective Date _____

I have read and understood this agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Parent / Guardians Printed Name: _____

Parent / Guardian Signature: _____ **Date:** _____