

HorseTalk Hippotherapy
and
Shannon Trails

**Attendee/Employee/Contractor/Volunteer
Release Form – please write clearly in ink.**

Attendee Full Name: _____ **Date of Birth:** _____

UNCONDITIONAL GENERAL RELEASE

WARNING-UNDER NEW HAMPSHIRE 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 ACTIVITIES. Title LII. Actions, Process, and Service of Process. Chapter 508. Limitation of Actions. 508:19 Liability; Equine Activities.

I, _____, a participant, client, volunteer, or student or the legal guardian of a participant, client, volunteer, or student (“Participant”) in a program, event, or activity taking place under the sponsorship of or at the facilities of **HorseTalk Hippotherapy**, a New Hampshire corporation (“HorseTalk Hippotherapy”), hereby give consent and approval to the participation of Participant in any and all programs, events, or activities taking place under the sponsorship of or at the facilities of HorseTalk Hippotherapy (“Activities”) or Shannon Trails.

I fully understand that my decision to be a Participant or to allow such person named above to be a Participant, poses risks of personal injury, property damage, death and/or other loss that may arise while participating in the Activities. I assume all risk and hazards incidental to the conduct of the Activities as well as transportation to and from all Activities.

In consideration of Participant’s being allowed to participate in the Activities, on behalf of Participant, Participant’s heirs, personal or legal representatives, successors and assigns, I hereby irrevocably and unconditionally release, and covenant not to sue HorseTalk Hippotherapy, Shannon Trails and each of HorseTalk Hippotherapy and Shannon Trails owners, directors, officers, employees, agents, independent contractors, representatives, attorneys, successors, and assigns, and all persons acting by, through, under, or in concert with, any of them (collectively “the Releases”), from any and all claims or causes of action whatsoever, in law or in equity, whether known or unknown at this time, based on any action, cause or thing occurring on, prior to, or following the date hereof, and, in particular, without limiting the generality of the foregoing, all claims arising out of or relating to the Activities, even if such liability or damage results from the sole negligence of the Releases.

I hereby authorize the Releases to act in their discretion on behalf of Participant in providing, requesting, or authorizing the provision of emergency medical services (“Emergency Services”). I acknowledge full responsibility for any charges associated with the rendering of any and all Emergency Services, and I indemnify the Releases from any and all claims, expenses, or other charges related to their decision to provide or to not provide Emergency Services.

I understand and agree that this document shall be construed according to the laws of the State of New Hampshire, and that this Unconditional General Release shall be as broad and inclusive as is permitted by the laws of the State of New Hampshire. If any portion of this document is held to be invalid or of no force or effect, I agree that the balance shall continue in full force and effect.

This Unconditional General Release shall be immediately effective upon its execution.

I HAVE READ AND UNDERSTAND THIS DOCUMENT. DATED this _____ day of _____ 20_____.

Attendee’s Signature Date: _____

Attendee’s of Parent/Guardian (if under 18 years of age) Date: _____

Witness Signature
(Witness needs to be a non-family member or NH HorseTalk staff member) Date: _____