

Disclosure:

The Equine Coordinator is able to deny participation for the trail ride, if they deem it a safety risk to you and to the horses. We want you to have a positive experience and your safety is the utmost concern. You must be able to get off and on the horse with little to no assistance (besides a stool and the guide holding the horse)

Name: Age: 10-12 ☐ 13-17 ☐
Height: 18-29 ☐ 30-49 ☐
Weight: 50-65 ☐ 65+ ☐

**Trail Ride Participants
must be 10+**

Equine Questionnaire

Getting to Know You To Pick the Best Horse for You :)

1. How long have you been riding? _____

2. Describe your riding experience. Have you taken lessons? Do you mostly go trail riding? etc.

3. How much riding have you done in the last two months? _____

4. What are you most concerned/scared/unsure of about being with the horses? _____

5. Do you have any health concerns/limitations that we should be aware of? (ex. bee allergy, diabetic, screws in joint?)

WAIVER & Signature: (Please see next page)!

Assumption Of Risk And Indemnity Agreement For Equine Activities

PLEASE READ CAREFULLY

Warning: By Signing This Agreement, You Give Up The Right To Sue For Any Injury Or Damage, Howsoever Caused.

To participate in equine activities, I am the participant (if over 18 years old), or the parent or legal guardian of the participant, and agree to the following conditions:

All activities have various risks as a result of participating in them. I release all individuals (volunteers, staff, board members, etc.) and groups associated with Rivers Edge Camp from any liability associated with any accident or sickness experienced by the participant, with the understanding that the camp staff will be taking reasonable precautions to guard against any situation of this nature. This includes, but is not limited to equine activities of various natures (examples; on the ground activities, with or without a horse, and riding)

- _____ 1. I give permission for the participant to be involved with the equine activities.
- _____ 2. I understand that equine activities include inherent risks, being those dangers or conditions which are an integral part of such activities, and shall be considered to include, but are not limited to:
 - A. The propensity of equines to behave in ways that may result in injury, harm or death to persons on or around them and/or damage to property in their vicinity.
 - B. The unpredictability of any equines' reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals.
 - C. The equine's response to certain hazards such as surface and subsurface objects.
 - D. Collisions with other equines, animals, people and objects.
 - E. The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his or her ability.
 - F. In the event of an incident I give permission for Rivers Edge to contact emergency personnel.
- _____ 3. I give permission for the reasonable use of photos and videos of the participant for any camp-related promotions.
- _____ 4. I give permission for the reasonable use of my email address to keep me informed of camp related communications.
- _____ 5. I believe that the physical and emotional condition of the participant will allow them to function appropriately in the activity, and that the camper is mentally stable. I understand that Rivers Edge does not have mental health workers present, nor the resources available should a situation arise. If a situation arises, Rivers Edge will contact emergency personnel, and the camper will be turned over to emergency personnel.
- _____ 6. I understand that Rivers Edge Camp is a Christian camp. The camp's statement of faith can be found (here). While I may / may not agree completely with Rivers Edge Camp's statement of faith, I / my party

agrees to be respectful of camp's position, and will behave in a way that is consistent with camp's statement of faith.

_____ 7. We are not able to provide equine training/services to those individuals who have experienced head injuries, including concussions, brain injuries/trauma, etc. In registering myself / the participant, I attest that I / the participant have not experienced any head injuries or that my doctor has signed off that I do not have any pre-existing conditions that would prevent me / the participant from participating in equine training/services.

I have read and understand this agreement; I understand that this document contains a promise not to sue RECA or RECA employees and a release and indemnity for all claims.

Signature of Participant: _____

Date: _____

Signature of Parent / Guardian (if participant is under 18):

Date: _____