



2015

Release And Assumption of Risk Form



Located at 796 Peter Cave RD; McKee, KY 40447 * Mailing Address is PO Box 667; London, KY 40743

Participant's Full Name: _____

Address: _____ City _____ State _____ Zip Code _____

Above named participant 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 2015.

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.

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 ****IF FOR SOME REASON THE PHOTOGRAPHS OF YOUR CHILD SHOULD NOT BE PUBLISHED, PLEASE NOTIFY THE PERSON AT REGISTRATION!****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



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in a dangerous manner when condition or treatment is considered hazardous to its welfare. (8) Failure of 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.**

Participant's Date Of Birth: _____ School Attending this year: _____ Grade Level _____

Participant's 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: _____