

**BraveHearts Therapeutic Riding and Educational Center  
Volunteer Consent Form**

I hereby give my consent for (Participant) \_\_\_\_\_ to participate in BraveHearts Therapeutic Riding and Educational Center programming. This may include the following activities: horseback riding instruction, feeding/grooming animals, barn chores, riding horses, carriage driving instruction, tacking horses, driving carriage/cart, or other therapeutic activities and volunteering duties.

In consideration for BraveHearts allowing (Participant) \_\_\_\_\_ to participate in the program, the Participant and his/her successors and representatives do hereby agree to release and discharge BraveHearts' officers, staff, administrators, employees, and agents from any and all causes of action damages, claims, costs, expenses (including attorney's fees) and liability in any way arising from or incidental to this authorization.

\_\_\_\_\_ Date \_\_\_\_\_  
**Participant Signature** – required of all individuals ages 12 and over unless a guardian has been legally appointed

\_\_\_\_\_ Date \_\_\_\_\_  
**Parent/Guardian Signature** – required of all individuals under 21, and for those with an appointed guardian

\_\_\_\_\_ Date \_\_\_\_\_  
**Staff Witness** – required in all instances when only a participant signature is required

**This authorization is effective for a period of two (2) years following the date of signature.**

**BraveHearts Video Tape/Photo Release Form (optional)**

I give permission to BraveHearts to take or have taken print or slide photos, moving pictures, or video tapes of (participant's name) \_\_\_\_\_. I authorize BraveHearts, its advertising agencies or new media to publish or reproduce the print/slide photographs, moving pictures, or video tape for publicity purposes. Publicity may include but is not limited to newspaper, television, brochures, pamphlets, instructional materials, and books. I understand that no inducements or promises have been made to secure my signature to this release other than the intention of BraveHearts to use or cause to be used such print or slides, moving pictures, or video tape for the purpose of promoting the BraveHearts program and its work.

Specific Limitations: \_\_\_\_\_  
This release is valid for two (2) years from the date it is signed, and may be revoked by me, in writing, at any time.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for Emergency Medical Treatment**

In the event emergency medical treatment is needed due to illness or injury during the process of receiving services or while being on the property of this agency. I authorize BraveHearts to 1) Secure and retain medical treatment and transportation if needed and 2) Release rider records upon the request to authorized individual or agency involved in the medical emergency treatment.

**BRAVEHEARTS CANNOT ALLOW PARTICIPATION TO THOSE WHO REFUSE EMERGENCY MEDICAL CONSENT**

Participant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Medical Facility \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

**Consent Plan:** This authorization includes x-ray, surgery, hospitalization, medication, and treatment procedure deemed life saving by the physician. This provision will only be invoked if the person(s) listed is(are) unable to be reached.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**BraveHearts Therapeutic Riding and Educational Center**  
**Hold Harmless Agreement**

This agreement made and entered into on (date) \_\_\_\_\_ by (participant) \_\_\_\_\_ hereinafter called "Licensee" in favor of BraveHearts Therapeutic Riding and Educational Center (hereinafter called "Landowners").

WHEREAS, Landowners are the owners of the real estate commonly known as 7319 Maxon Rd, Harvard, IL 60033 (hereinafter called "the Property");

WHEREAS, Licensee has asked Landowners to enter upon the Property for the purpose of volunteering in BraveHearts programs, and/or riding/driving a horse or horses to otherwise travel thereon;

WHEREAS, Landowners have advised Licensee that there are, or may be, hazards on the Property which may cause injury to the person or property of Licensee, but Licensee, acknowledging those risks, nevertheless wishes to enter upon the Property as aforesaid; and

WHEREAS, Landowners are willing to grant their consent to Licensee's use of the Property, but only upon the execution by Licensee of this Agreement.

NOW, THEREFORE, in consideration of Landowners' consent to Licensee's use of the Property and for other valuable considerations, Licensee does hereby forever indemnify and agree to hold Landowners harmless from and against any and all claims, demands, causes of action, costs, and/or expenses that may be incurred or asserted against Landowners, including but not limited to, court costs and reasonable attorneys' fees, in defending any action that may be brought against Landowners resulting in whole or in part from Licensee's use of the Property as described in this Agreement.

By signing this Agreement, Licensee acknowledges that he or she has read this Agreement in its entirety, has full knowledge of its contents, and signs voluntarily and without compulsion or duress of any sort.

IN WITNESS WHEREOF, Licensee has executed this Agreement the day and year first above written.

Licensee:

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

\_\_\_\_\_  
Print Name of participant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

