



EDUCATIONAL PROGRAM

Bit of Hope Liability Waiver and Assumption of Risk

5001 CR Wood Rd. Gastonia, NC 28056 www.bitofhoperanch.org

704 862-0095 info@bitofhoperanch.org

General Contact Information

Student's First Name	Student's Last Name
Guardian Name (if under 18)	Guardian Cell
Student's Date of Birth	Student's Cell Number
Emergency Name/Number	Email <input type="checkbox"/> Do not add me to your email list.

Medical Consent

In the event my Child becomes injured or sick while on the premises of the Ranch, I hereby authorize and consent to the Ranch staff providing first aid, as well as in accord with their best judgment, to summon medical professionals at my expense for the medical treatment of my Child.

INITIAL HERE _____

Allergies to medications: _____

Current medications: _____

State any medical information you want supplied to a medical professional in an emergency:

Bit of Hope Ranch Inc. Equine Activities, Educational and Therapeutic Program

Release of Liability & Assumption of Risk Agreement (*This includes ALL Ranch activities beyond School Programs*)

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Bit of Hope Ranch programs include a working equine facility complete with livestock and farm equipment. The Ranch also has a low ropes course and other portable low element activities. These activities are strenuous and psychologically demanding and require participants to be in good physical condition. Some specific risks the participant may encounter while using the equine activities, therapeutic programs, educational programs, recreational outdoor programs or low ropes course might include, but are not limited to, injury or loss of life from slipping, falling, running, horse bites, horse kicks, and injury from horseback.

- Participant is aware and understands that participating in Bit of Hope Ranch's programs involves a potential risk of physical injury or loss of life that may not only be from his/her own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the environment, equipment, or areas where the event or activity is being conducted.
- Participant understands that the programs are physically demanding and potentially dangerous. Therefore, all participants must be free of medical or physical conditions, which might create undue risk to themselves or others who depend on them. If there are any questions about the participant's ability to participate, please consult with the participant's physician prior to signing this form or participating in the program.
- Participant understands that he/she is responsible for behaving in a careful and prudent manner to minimize the risk of injury to themselves or others.

Photo Release

INITIAL HERE _____ I hereby grant to Bit of Hope Ranch all rights and consent to copyright, use, re-use, publish or re-publish, copy, exhibit or distribute all photographs and/or video of myself to be used for their website and any educational, training or promotional electronic or printed material without restriction as to frequency or duration of usage and without compensation.

PLEASE READ AND SIGN THE BACK

Release/Indemnification and Covenant Not to Sue

RATHLEAD LIABILITY RELEASE and BIT OF HOPE RANCH RELEASE: As a PARTICPANT at Bit of Hope Ranch, Inc., I acknowledge the risks and potential for risks of an equine therapeutic, equine recreational, educational and Low Ropes Course related program. However, I feel that the possible benefits to me are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Rathlead Farms, LLC and Bit of Hope Ranch, Inc. and their members, Board of Directors, volunteers, contract staff and/or employees for any and all injuries and/or losses I may sustain while participating in activities at Bit of Hope Ranch, Inc.

I HAVE READ THIS DOCUMENT AND AGREE TO ALL OF ITS TERMS. I UNDERSTAND IT BECOMES A LEGALLY BINDING CONTRACT UPON EXECUTION BY THE RANCH AND THAT IT WAIVES CERTAIN LEGAL RIGHTS OF MINE AND OF MY CHILD INCLUDING BUT NOT LIMITED TO A RELEASE, DISCHARGE, INDEMNIFICATION, PROMISE NOT TO SUE, AND HOLD HARMLESS FROM ALL CLAIMS THAT CAN BE MADE AGAINST THE RANCH AND ITS OWNERS, AGENTS, CONTRACTORS, VOLUNTEERS AND EMPLOYEES. IT IS THE INTENT OF THIS AGREEMENT THAT IT SHALL BE BINDING UPON MYSELF, MY CHILD(REN) AND ANYONE ATTEMPTING TO ACT ON BEHALF OF MY CHILD(REN) AND OUR ESTATES SUCCESSORS AND ASSIGNS.

Participants Name:	Participants Signature:	Date:
Guardian's Name:	Guardians Signature:	Date: