

RIDE ON THERAPEUTIC HORSEMANSHIP

Participant Release and Waiver Of Liability Assumption of Risk and Indemnity Agreement

Whereas, _____
(Participant's Full Name – Please Print)

will be participating in lessons or other equestrian activities organized by Ride On L.A., a California non-profit corporation doing business as "Ride On", "Ride On Therapeutic Horsemanship", "MACH 1", "Move A Child Higher", and "Therapy Services – RO" (hereinafter referred to as "Ride On");

Please initial one of the following:

____ Now, therefore, I, the undersigned *parent or legal guardian of the Participant* named above who is under 18 years of age, for myself and on behalf of the participant named above, his or her personal representatives, estate, heirs, assigns, and next of kin,

____ Now, therefore, I, the *Participant* named above, am 18 years of age or older, and I, my personal representatives, estate, heirs, assigns, and next of kin,

do **hereby agree to give up any and all of my legal rights** against Ride On, its agents, employees, participants, officers, directors, representatives, assigns, members, owners of riding premises and trails used in its equestrian activities, affiliated organizations, people with whom it has contracts to provide facilities or services, insurers, and others acting on its behalf ("hereinafter collectively referred to as "RELEASED PARTIES"), as more specifically indicated below:

Acknowledgement of Danger and Assumption of Risk.

I acknowledge that riding horses, being near horses, and being at equestrian facilities and on trails, is **inherently dangerous**, and that no amount of care, caution, instruction, or supervision can eliminate such **dangers**.

I acknowledge such **dangers** include, but are not limited to the following:

1. A horse that may, among other things, buck, stumble, fall, rear, bite, kick, run, stomp, make unpredictable movements, spook, jump obstacles, step on a person's feet, and push or shove a person; saddles, bridles, or other equipment that may loosen, break, or otherwise malfunction; other riders who may not control their animals or ride within their ability, and cause a collision or other unpredictable consequence.
2. The negligent or intentional act or omission of RELEASED PARTIES or a third party.
3. Equestrian activities that may be conducted in areas that are subject to change in condition according to weather, temperature, and natural and man-made changes in landscape.
4. An apparent or hidden defect or dangerous condition of the equestrian facilities and trails.

Any of these and other known or unknown **dangers** may cause me to fall or be jolted or injured in another manner, resulting in the possibility of **serious physical and emotional injury, and death**. In addition, I acknowledge that such **injury and death** could result from **self-inflicted**

injury and death. Despite such dangers, I voluntarily assume the risk and danger of serious injury and death inherent in all equestrian activities organized by Ride On.

Helmet Requirement.

I acknowledge that Ride-On has required me to wear protective headgear that meets or exceeds the quality standards of the SEI Certified/ASTM STANDARD F 1163 equestrian helmet at all times during mounting, riding, and dismounting horses, because the helmet may prevent or reduce the severity of some head injuries.

Release of Liability.

I agree to **hold harmless, release and discharge** RELEASED PARTIES **from all claims, demands, causes of action, and legal liability** that I may hereafter have for **injuries, damages, and death** related to Ride On equestrian activities including but not limited to **injury, damages, and death** caused by the negligent or intentional acts or omissions of RELEASED PARTIES or third parties.

I shall **not bring any claims, demands, legal actions, and causes of action** against Released Parties for **injury, damage, death, or other losses** sustained by me in relation to Ride On equestrian activities.

Indemnification.

I agree to **indemnify and hold harmless** RELEASED PARTIES as to all **claims, actions, damages, costs and expenses, including attorney's fees sustained**, as a result of my willful misconduct or gross negligence relating to my participation in Ride On equestrian activities.

California Law.

This agreement is governed by the Laws of the State of California. In the event that any portion of this agreement is determined to be invalid, illegal, or unenforceable, the validity, legality and enforceability of the balance of the agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT; I FULLY UNDERSTAND ITS TERMS AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY AGREEING TO IT.

Photo Release: I consent to and authorize/ I do NOT consent to and authorize the use and reproduction by Ride On Therapeutic Horsemanship of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions, social media or for any other use for the benefit of the program.

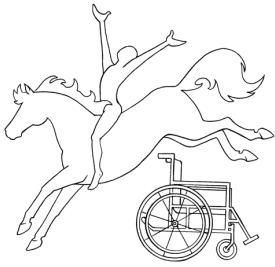
Date: _____

Participant Name _____ Phone _____

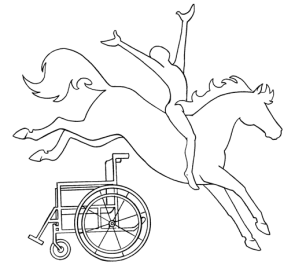
Emergency Contact _____ Phone _____ Relationship: _____

Participant's Signature: _____ Date _____
(Please sign if 18 or older)

Parent/ Legal Guardian _____ Date _____
(if under 18) (Please Print Name) (please sign)



Ride On



Serving the San Fernando, San Gabriel and Conejo Valleys

Volunteer Conduct Policy

As a volunteer, you are a valued representative of our organization. To ensure a positive and respectful environment, we ask all volunteers to follow these basic guidelines:

1. **Respect:** Treat all participants, staff, fellow volunteers, and community members with kindness, dignity, and respect.
2. **Professionalism:** Be reliable, punctual, and follow through on your commitments. Communicate proactively if your availability changes.
3. **Safety:** Follow all safety procedures and report any concerns or incidents to staff immediately.
4. **Confidentiality:** Respect the privacy of the individuals we serve. Do not share personal or sensitive information outside of the organization.
5. **Integrity:** Conduct yourself honestly and ethically. Do not use your role for personal gain or engage in any form of discrimination, harassment, or misconduct.

Volunteers who fail to follow this code may be subject to dismissal from the program.

Acknowledgment:

I have read and understood the Volunteer Conduct Policy. I agree to follow these guidelines during my time as a volunteer.

Name: _____

Signature: _____
(Please sign if 18 or older)

Date: _____

Parent/Legal Guardian: _____
(if under 18) (Print Name)

(Signature)

Date: _____

CONFIDENTIALITY AGREEMENT FOR VISITORS IN CLINICAL AREAS

As a visitor of Ride On you are required to conduct yourself in strict conformance to all applicable laws and Ride On's policies and procedures. By being in clinical areas you may encounter confidential Protected Health Information (PHI). Ride On's care is often conducted and coordinated in semi-public environments where there is a risk that PHI may be heard or viewed by individuals not directly involved in the patient's care. Ride On's policies and procedures are intended to limit the risks of such incidental disclosure of PHI as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

You may see or hear information related to Ride On patients - such as charts and other paper and electronic records, demographic information, conversations, names of attending physicians, patient financial information, and more. Any PHI you see or hear, either incidentally or by attending exams, must be kept confidential. By signing below you are agreeing to abide by Ride On's policies and procedures.

As a condition of and in consideration of my use, access, and/or disclosure I understand and agree to the following:

- I will access, use, and disclose confidential information only as permitted by Ride On.
- This means I will only access, use, and disclose confidential information that I have been given the authorization to access, use, and disclose.
- I understand that any fraudulent application, violation of confidentiality or any violation of the above provisions will result in the termination of my privilege to observe and participate in exams and/or other practice activity.
- My signature below indicates that I have read, accept, and agree to abide by all of the terms and conditions of this Agreement and agree to be bound by it.

Printed Name: _____

Signature: _____

Legal Guardian Signature (if applicable): _____

Date: _____

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