



**PARTICIPANT REGISTRATION AND RELEASE**

This Participant registration and liability release is entered into on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by and between Heartland Youth Ranch (“HYR”), a non-profit corporation, and Participant and/or Parent/Legal Guardian on behalf of Participant (if minor or legally incapacitated to enter into agreement):

**A. REGISTRATION:**

Group Name (if applicable): \_\_\_\_\_

Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Legal Guardian (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact(s):

1. \_\_\_\_\_  
Name Relationship Phone #
2. \_\_\_\_\_  
Name Relationship Phone #
3. \_\_\_\_\_  
Name Relationship Phone #

**B. HYR LEARNING SERVICES:**

I, \_\_\_\_\_, (Participant or Parent/Guardian), understand that as a Participant, parent or legal guardian, that the ranch activities offered by HYR specifically consist of an equine assisted learning experience, an equine assisted growth and development program, as well as other ranch related activities, including but not limited to caring for livestock and other farm animals, greenhouse/planting activities, and arts and crafts, among other activities. The representatives of HYR

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have clearly explained to me that they are not certified or licensed counselors and/or therapists and, therefore, HYR does not offer any of these services to Participant.

**C. RELEASE OF PARTICIPANT INFORMATION:**

The Heartland Youth Ranch Staff will release information only to the Participant, or the parents/guardians of Participant (if Participant is a minor), who have direct care and legal authority over the Participant. It is the option of Participant, and/or parents/guardians in authority to release any information to the counselor/therapist of their choosing to benefit Participant. Session confidentiality is of utmost priority.

**D. CONSENT AND WAIVER OF LIABILITY:**

The above-named Participant, hereby requests that he/she be accepted into the HYR ranch activities and equine assisted learning program for growth and development. Participant or Parent/Guardian, acknowledges that HYR has fully explained to him or her the scope of the activities and programs offered at HYR, including the potential for injury, even death, which can occur from riding horses, caring for horses and other livestock, or being involved in the various ranch related activities offered at HYR. Because of the potential benefits of the activities and programs offered by HYR, Participant or Parent/Guardian hereby waives any claim which Participant or Parent/Guardian may have against HYR, its employees, volunteers, contract personnel, agents, or donors arising out of any injury which Participant may sustain while involved in the various activities offered at HYR, including, without limitation, injuries caused by the negligence or fault of HYR, its employees, volunteers, contract personnel, agents, or donors unless caused by the willful misconduct or gross negligence of HYR, its employees, volunteers, contract personnel, agents, or donors.

Participant assumes the unavoidable risks inherent in all equine and other ranch related activities, including but not limited to bodily injury, including the possibility of death, and physical harm to horse, rider and spectator. In consideration therefore, for the privilege of riding, working, and/or participating in activities at HYR, Participant or Parent/Guardian, does hereby agree to hold harmless and indemnify HYR, its employees, volunteers, contract personnel, agents, or donors, and further releases them from any liability or responsibility for accident, damage, injury or illness to Participant, or to any family member or spectator accompanying Participant on the premises, including without limitation injuries caused by the negligence or fault of HYR, its employees, volunteers, contract personnel, agents, or donors.

Participant or Parent/Guardian agrees to fully and forever release and hold harmless HYR, its officers and directors, its instructors employed by or volunteering for HYR, and any other representatives of HYR, from any and all liability due to injuries, claims, damages, actions or losses which may arise out of the instruction and/or training of Participant. This includes, but is not limited to, any economic or non-economic losses due to bodily injury or property damage sustained in connection with all activities including riding, handling, boarding, performing chores, or otherwise being in the vicinity of horses and livestock owned by or in the care, custody and control of HYR.

**E. AUTHORIZATION TO SECURE EMERGENCY MEDICAL TREATMENT:**

Participant, Parent/Legal Guardian (if Participant is a minor or legally incapacitated) hereby grants to HYR, its employees, volunteers, and contract personnel the authority to secure emergency medical treatment if Participant is injured and unable to make such decisions. Participant or Parent/Guardian, also authorizes HYR, its employees, volunteers and contract personnel to release to any health care provider the following information contained in this contract:

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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Health Insurance: \_\_\_\_\_  
(Please attach a copy of the front and back of your insurance card to this form.)

Participant or Parent/Guardian hereby releases and holds HYR harmless from any duty to procure or provide medical treatment or care for or to Participant. HYR shall not be responsible for any third parties' wrongful acts, negligence or failure to render care, which causes injury or death to Participant.

Participant or Parent/Guardian certifies that he/she has adequate insurance to cover any injury or damage Participant may cause or suffer while participating, or else Participant or Parent/Guardian agrees to bear the costs of such injury or damage. Participant or Parent/Guardian further certifies that he/she is willing to assume the risk of any medical or physical condition Participant may have.

**F. RESTRICTED ACCESS TO OFFICE/FARM:**

Participant or Parent/Guardian must maintain scheduled times to visit the HYR facility. Participant must check in with the office upon arrival before entering any of the buildings at HYR, the pasture, and the arena area. No Participant, parent/guardian or family member may enter the buildings, pasture or arena area without a HYR representative. These restrictions are to ensure everyone's safety and must be strictly adhered to.

**G. PHOTOGRAPH RELEASE:** (Please initial which option you choose.)

YES \_\_\_\_\_ For valuable consideration given and which is hereby acknowledged, Participant or Parent/Guardian hereby grants to HYR permission to take or have taken still photographs and videos of me, my daughter/son/ward, \_\_\_\_\_ [name(s)], and consents and authorizes HYR, its advertising agencies, news media, and any other persons interested in the program and its work, to use and reproduce the photographs, film, and videos, and to circulate and publicize the same by all means including, without limitation, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical materials. With respect to the foregoing, no inducements or promises have been made to me to secure my signature to this release other than the intention of HYR to use or cause to be used such photographs, films and videos for the primary purpose of promoting and aiding HYR and its work.

NO \_\_\_\_\_ I do not give HYR permission to use and reproduce photographs, films or videos as described above.

**H. DECISION FOR SAFETY EQUIPMENT:**

Participant or Parent/Guardian understands the need for proper equine safety equipment including, but not limited to riding helmets and riding boots with 1" heel. Participant or Parent/Guardian, \_\_\_\_\_ (name) understands that he/she is responsible to make the decision to wear or not to wear proper equine safety equipment.

**I. INHERENT RISKS TO EQUINE ACTIVITY PARTICIPANTS:**

Participant or Parent/Guardian understands that there are risks inherent in equine and other ranch related activities including, but not limited to (1) the propensity of horses or livestock 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; (2) the unpredictability of a horse's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals, regardless of its training and past behavior; (3) certain hazards such as surface and subsurface objects; (4) collisions with other horses, animals, people and objects; and, (5) the potential of Participant to act in a negligent manner that may contribute to injury to Participant or others, such as failing to maintain control over the animal or not acting within his or her ability. I understand that the handling, use and riding of a horse involves the risk of personal physical injury, including, but not limited to, lacerations, bruises, fractures, head injuries, and death. With full knowledge and awareness of these and all other dangers inherent to the activity of horseback riding and other ranch related activities, I

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am knowingly participating in (or allowing my child/ward to participate in) the activities at HYR and voluntarily engage myself (or my child/ward) in these activities and fully assume all risks involved.

**WARNING**

**UNDER NEBRASKA LAW, NEITHER AND EQUINE ACTIVITY SPONSOR NOR AN EQUINE PROFESSIONAL IS LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO NEBRASKA REVISED STATUTES SECTIONS 25-21,249 TO 25-21,253.**

**IN THE EVENT THAT ANY PROVISION HEREIN IS DEEMED TO BE INVALID OR UNENFORCEABLE BY A COURT OF LAW, THE REMAINING PROVISIONS HEREIN SHALL REMAIN IN FULL FORCE AND EFFECT.**

**Participant and/or Parent/Legal Guardian has read the Release.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if Participant is minor or is legally incapable of giving consent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative of HYR

\_\_\_\_\_  
Date

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