



## Summer HAY! Application Form *Horse activities for Youth!*

The **Summer HAY!** Program is geared towards youth who do not yet meet our volunteer requirements, but are interested in learning more about horses and the North Country RIDE community. Participants are 8 to 13 years old.

**Summer Hay!** meets once a week for 2 hours. During this time, participants will be hands on helping around the farm, learning the care of a horse, as well as learning about horse health, hoof care, feeding and enjoying a 45 minute riding lesson. Each session is 5 weeks long, starting Monday July 30 thru August 27<sup>th</sup> 2018 2:30-4:30

To help cover costs of **Summer Hay!** program, there is a fee of \$125.00 for the five week program. Applicants can fill out and send in this form at any time before July 20<sup>th</sup>. The class is limited to 8 participants. The first 8 received applications will be accepted. Others will be put on a waiting list.

*Please print*

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

How did you learn about North Country RIDE?

\_\_\_\_\_

Do you have previous experience with horses?  Yes  No If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Would you like to be on our mailing list to receive newsletters and information about special events/fundraisers?

Yes  No

## Emergency Information:

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ City: \_\_\_\_\_

Primary Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Emergency Release:** In the event emergency medical aid/treatment is required due to injury or illness during my volunteering at North Country R.I.D.E. or if I am on the property I give permission to North Country R.I.D.E. to 1. Secure and retain medical treatment and transport if needed 2. Release volunteer records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, surgery, hospitalization and medication, *(Indicate by initialing, Parent/Guardian initial if volunteer under 18)*

\_\_\_\_\_ **Yes**                  \_\_\_\_\_ **No**

**Liability Release:** It is our duty to advise you that equine assisted activities and horseback riding could lead to accidents that cause injury or death. As a volunteer at North Country R.I.D.E., I acknowledge the risk and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with are greater than the risk assumed. I understand that wearing an up to date, properly fitted, ASTM/SEI approved equestrian helmet anytime I am working with horses could reduce my risk of head injury. 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 North Country R.I.D.E., its Board of Directors, staff, instructors, therapists, volunteers, for any and all injuries and/or losses I may sustain while participating in North Country R.I.D.E. *(Indicate by initialing, Parent/Guardian initial if volunteer under 18)*

\_\_\_\_\_ **Yes**                  \_\_\_\_\_ **No**

**Photo Release:** I consent to and authorize the use and reproduction by North Country R.I.D.E. of any and all photographs and any other audio-visual materials taken of me for promotional material, education activities, exhibitions, or for any other use for the benefit of the program. *(Indicate by initialing, Parent/Legal Guardian initial if volunteer under 18)*

\_\_\_\_\_ **Yes**                  \_\_\_\_\_ **No**

**Confidentiality:** North Country RIDE shall maintain the right to privacy and the right of confidentiality of all of the individuals in its program. The instructors, staff and volunteers given access to information, on any individual in any North Country RIDE program, agrees to keep confidential all medical, personal, social and referral information to which they have had contact regarding any individual. Any person violating these rights may find themselves re-assigned or their service terminated.

**I understand and agree to abide by North Country RIDE's confidentiality policy outlined above.**

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

Please print name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(by signing here, you agree with your child's emergency, liability and photo release choices)

Please print parent/legal guardian name: \_\_\_\_\_

Parent/guardian phone number, home: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Release of Liability**  
**WARNING**

***Under Minnesota Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section MN ST § 604A.12, Minnesota Statute.***

I am aware that any activities involving horses are hazardous and I am voluntarily participating in these activities with knowledge of the danger involved, and hereby agree to accept any and all risks of injury, including death, and damage to property arising from participation. **I hereby promise not to sue, and hereby release**, to the fullest extent permitted by law, **North Country R.I.D.E., Inc.** and its agents, officers, directors, members, representatives, volunteers, board, coordinators, insurers, and employees (collectively the "Released Parties"), from , **and hereby waive**, all claims of whatsoever kind that may be asserted against the Released Parties for personal injury and property damage arising from or in connection with participation in equine activities, and from the condition of the real property and personal property used in connection with such equine activities. By way of example, and not in limitation, this Waiver and Release includes releasing and waiving claims based upon: any neglect acts or omissions of the Released Parties and any other person; contract; warranty; premises liability; products liability; subrogation; contribution; and loss of consortium or loss of society.

**I also hereby agree to indemnify, defend, and hold and save harmless the Released Parties** from any claims, damages, expenses and costs incurred of whatsoever nature (including by way of example, and not in limitation, attorney fees and expenses), which may be made against or incurred by the Released Parties, arising from or in connection with my participation, including without limitation, any claims made by me or any other person.

**It is intended that this Release and Indemnification shall release the Released Parties from , and waive, any and all claims, and indemnify the Released Parties, to the greatest extent allowed by law.** In the event for any reason a Court determines that any portion of the Release and Indemnification is not enforceable, that provision shall be modified so as to give it the greatest effect allowed by law, or if it cannot be so modified shall be severed and the balance of the Release and Indemnification shall be given the greatest force and effect available under law. Furthermore, in the event that notwithstanding this Release and Indemnification, it is determined that any Released Party has any liability for any claim, in no event shall the liability exceed the amount of \$500 in total aggregate for all claims arising from or in connection with my participation.

**I acknowledge that by signing this document I am waiving important legal rights.** I also acknowledge that the Released Parties would not allow me to participate in equine activities unless I have agreed to the waivers, releases, indemnifications and limitations contained in this Release and Indemnification. I acknowledge that the Released Parties are relying upon these provisions as a primary material consideration for allowing my participation in equine activities. I acknowledge and agree that the terms hereof are binding upon me, and my heirs, successors, representatives, insurers, and assigns.

If signing on behalf of another person, I represent and warrant to the Released Parties that I am the parent or legal guardian with the capacity to execute and make the foregoing waivers and indemnifications on behalf of such person; and I further acknowledge and agree that I am also personally bound by and make the releases and waivers as above set forth, and that I am jointly and severally liable for the indemnifications to the Released Parties.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

Parent/legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print parent/legal guardian name: \_\_\_\_\_

**Mail application to North Country RIDE PO Box 312 Esko MN 55733 or Fax to 218-879-7609 or email [ncride@gmail.co](mailto:ncride@gmail.co)**