



# The Equine Touch Foundation Inc.

## ACKNOWLEDGEMENT OF RISK FORM (THIS FORM MUST BE FILLED IN TO PARTICIPATE)

I hereby apply to participate in the Equine Touch Clinic to be conducted on

Date \_\_\_\_\_ at \_\_\_\_\_

I fully understand that that there are inherent risks and dangers in my participation in the above activity and my participation in said activities and use of any equipment related to such activities may result in injury or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept these risks and dangers. I agree to follow all the safety rules and to be considerate of animals and property.

I HAVE READ THE ABOVE AND BY SIGNING IT I AGREE THAT IT IS MY DECISION TO PARTICIPATE IN THE INDICATED ACTIVITY. I HEREWITH RELEASE FROM LIABILITY AND WAIVE ANY RIGHT OF RECOVERY FOR ANY INJURY TO MYSELF OR DAMAGE TO MY PROPERTY THE FOLLOWING NAMED INDIVIDUALS AND ORGANIZATIONS UNLESS SAID INJURY OR DAMAGE IS THE RESULT OF THE SOLE NEGLIGENCE OF SAID INDIVIDUAL OR ORGANIZATION.

Individuals and organizations:

Jock Ruddock and Dr Ivana Ruddock, The Equine Touch Foundation Inc.  
Colette Bolster, Instructor  
The co-ordinator/host. Facility and Facility owner

*The above agreement shall be binding on my heirs, successors, assigns, administration and executors. Any claims or disputes arising out of my child's participation in the activity shall be venued in the Supreme Court of the State of Pennsylvania*

I am at least 21 years of age. (If under 21 this agreement must be witnessed by a parent or guardian)

Participants name (PRINT) \_\_\_\_\_

Address \_\_\_\_\_

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

Witness \_\_\_\_\_ Date \_\_\_\_\_