**Waiver and Release of Liability** **Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**City:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**State:**\_\_\_\_\_\_\_\_\_\_**Zip:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that horseback riding or activities involving horses is an extreme test of a person’s physical and mental limits and carries with it the potential for serious injury, personal property loss or even death. Horses are large animals and even the gentlest horse can be unpredictable. I hereby assume the risk of participating in such activities. I hereby take the following action for myself and my executors, administrators, heirs, next of kin, successors and assigns:

1. I waive, release and discharge from any and all claims or liabilities for death, personal injury or damages of any kinds, which acts arise out of or relate to my participation in, or my traveling to and from, the horseback riding events, the following persons or entities: Equine Assisted Therapy of NJ, building or facility lessees, sponsors, and the officers, directors, employees, representatives, instructors and agents of the above.
2. I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein, and
3. I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as results of my actions and any attorney fees or costs incurred by them as a result of my action.

**Photo Release:**

\_\_\_ I hereby consent to and authorize the following, OR

\_\_\_ I do not consent to, nor do I authorize:

Equine Assisted Therapy of NJ Center’s use and reproduction of any and all photographs and other audiovisual material taken of me for promotional printed materials, social media, educational activities, exhibitions, or for any other use for the benefit of the program.

**Confidentiality Agreement:**

I understand that all information (written and verbal) about participants at this PATH center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor. By signing this form, I affirm that I am eighteen (18) years of age or older, I have read this document, and I understand its contents.

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