

# *Horse Helpers of the High Country*

## *General Activity Release, Assumption of Risk and Waiver of Liability Agreement*

A 501(c)3 Non Profit Horse Rescue Organization  
1199 Odes Wilson Rd. \* Zionville, NC 28698 / 828-297-1833  
[www.HorseHelpersNC.org](http://www.HorseHelpersNC.org) / [HorseHelpersNC@gmail.com](mailto:HorseHelpersNC@gmail.com)

This form must be completed and submitted for EVERY participant at Horse Helpers, Inc. (HHHC) before engaging in ANY horse-related activity. It is the participant's responsibility to ensure that all the information is complete and accurate and to notify HHHC in the event of any changes. This document waives important legal rights. Read carefully before signing.

A *participant* is any individual who knowingly participates in a HHHC activity, at any location, including but not limited to barn/farm labor, fundraising and educational activities, and any activity sponsored by HHHC.

***Please read carefully and initial beside each statement below:***

\_\_\_\_\_ I understand that horses are independent living beings and can be unpredictable.

\_\_\_\_\_ I understand that there are always elements of risk in equestrian activities, including permanent disability or death, that common sense and personal awareness can help reduce.

***I am aware that at all times when at Horse Helpers, Inc., it is MY RESPONSIBILITY to:***

\_\_\_\_\_ 1. Be alert and respectful of horses' intentions signaled with their ears and eyes and carried out with their teeth and hooves.

\_\_\_\_\_ 2. Speak in reassuring tones when approaching a horse; avoid sudden movements or noises.

\_\_\_\_\_ 3. Always wear appropriate clothing, including durable shoes.

\_\_\_\_\_ 4. Never be intoxicated or smoke in the stable or allow others to be so.

\_\_\_\_\_ 5. Read and obey all posted information and warnings.

\_\_\_\_\_ 6. Comply promptly with all verbal directions of HHHC staff and instructors unless I believe that by doing so I will endanger myself, other people or horses, in which case I will immediately express my opinion to the person involved.

\_\_\_\_\_ 7. Refrain from acting in any manner that may cause or contribute to my injury or the injury of other people or horses.

\_\_\_\_\_ 8. Always lead horses properly with a lead rope.

***I am aware that at all times when working with a horse, it is MY RESPONSIBILITY to:***

\_\_\_\_\_ 1. Always ride with another person.

\_\_\_\_\_ 2. Check all equipment and tack, including the saddle, girth, straps, bridle and bit before using for signs of weakness and proper adjustment.

\_\_\_\_\_ 3. Use proper equipment and attire, including a regulation helmet with a chin-strap snugly fastened at all times and boots with heels. I also understand that regulation helmets are available for use at HHC and no one may ride without a helmet.

\_\_\_\_\_ 4. Ride in control ONLY on horses rated within my ability level.

\_\_\_\_\_ 5. Be constantly aware of, anticipate and be able to avoid nearby horses, people and obstacles, or natural and manmade hazards.

\_\_\_\_\_ 6. Never tailgate and always audibly alert nearby riders and people on the ground before changing direction or overtaking another horse.

\_\_\_\_\_ 7. Put away tack and equipment after using

\_\_\_\_\_ 8. Know locations of emergency telephones, ambulance and veterinarians' phone numbers, and farm staff.

I understand that this is only a partial list, and I must be safety conscious and exercise sound judgment AT ALL TIMES. ANYONE found to be endangering themselves, other people, or horses face immediate revocation of volunteer privileges WITHOUT EXCEPTION.

Accepted by (if under the age of 18 years old, a legal guardian must sign below):

Print Name: \_\_\_\_\_  
Participant / Volunteer / Legal Guardian Signature (please list for whom you are signing)

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

I agree that I participate voluntarily in HHC activities as a rider, handler, volunteer, student, or spectator. I hereby acknowledge and assume the risk of participating in any and all horse-related activities, including riding, at HHC or in any and all locations where HHC activities take place (including property rented by HHC). I understand and acknowledge that horse sports involve inherent dangerous risks. I hereby release from responsibility for accidental physical injury, including death or illness and loss of personal property, HHC, its officers, staff members, volunteers, instructors, advisors and/or agents in any location where horse-related activities are conducted or HHC horses and/or property are used. I agree to assume all risks of harm to me and/or my child, and specifically agree to the North Carolina Liability Law regarding equine activity liability.

I agree to remain fully liable and responsible for any such hospital, doctor, ambulance, dental or medical fees in the event of an injury to me as a result of my participating in any and all activities involving HHC. I understand that **HHC does NOT provide health, accident, or liability insurance to participants.**

I acknowledge that there is a valid consideration to executing this release. The invalidity of any statement or waiver of rights above under local, state or federal law does not invalidate any other statement or waiver of rights above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant / Volunteer / Legal Guardian Signature (please list for whom you are signing)

***Photo Release***

I \_\_\_\_ DO

I \_\_\_\_ DO NOT

consent to and authorize the use and reproduction by HHHC of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of HHHC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant / Volunteer / Legal Guardian Signature (please list for whom you are signing)

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

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

Phone Numbers, Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Would you like to be notified of workdays, events, newsletters, etc.? Y\_\_\_ N \_\_\_\_\_

Contact Person in Case of an Emergency: \_\_\_\_\_

Phone Number: \_\_\_\_\_