

The information below applies to the name parent/guardian and to the following named participants.

Print Full Name of Parent/Guardian:		
Address:		
City/State/Zipcode		
Phone: Email:		
Print First and Last Names of Additional Family Members	Under 18?	Age (if under 18)

Assumption of Risk, Liability Release, and Waiver of Claims

WARNING

Under Colorado 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 13-21-119, Colorado Revised Statutes.

I acknowledge that activities involving horses and other animals, as well as all other activities on a working ranch have an inherent risk. I, and the above noted participants, are voluntarily participating in these activities and fully agree to accept any and all risks of injury, including death, and damage to property that may occur. I waive all claims of any kind for any damages and hereby forever release to the fullest extent of the law any claims against Guided Hope, its Board of Directors, Executive Director, agents, volunteers, and anyone representing Guided Hope. I agree and acknowledge that I, my heirs, executors, representatives, insurers, and/or assigns, are legally bound to the terms stated above.

Print First and Last Name	Signature	Date	

Under 18: Parent/Guardian Name Signature Date

PHOTO RELEASE

I hereby consent to and authorize Guided Hope to take, in the past, present or future, photographs or any other audiovisual materials of me and/or the above named child(ren) for promotional use or any other program related uses. This may include, but is not limited to: websites, newspapers, flyers, and social media.