

Foxrun Farm

800 Cox Lane, Cutchogue, NY 11935 (631) 734-6199

E-mail: FoxrunFarmNoFo@gmail.com

Web site www.foxrunfarmny.org

REGISTRATION, LIABILITY WAIVER & PHOTOGRAPIC RELEASE FORM

Date: ____/____/____

PARTICIPANT'S NAME _____ DOB ____/____/____ / AGE _____

HOME ADDRESS: _____

HOME PHONE NUMBER: _____

E-MAIL ADDRESS(S) _____ and _____

EMERGENCY CONTACTS

PARENT/GUARDIAN _____ CELL _____

HOME ADDRESS _____

E-MAIL ADDRESS(S) _____ and _____

PARTICIPANT/PARENT SIGNED _____ DATE ____/____/____

Relationship to student _____

PARTICIPANT _____ (Name) would like to participate in the programs, activities and events at FOXRUN FARM. I understand and acknowledge the risks and potential for risks of horseback riding and related equine activities including grievous bodily harm. However, I feel that the possible benefits to myself/my child/my ward are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against FOXRUN FARM, its Owners, Board of Directors, Managers, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Activities from whatever cause but not limited to the negligence of these released parties.

The undersigned acknowledges that he/she has read this Release Form in its entirety; that he/she understands the terms of this Release and has signed this Release voluntarily and with full knowledge of the effects thereof.

Participant's Name (Printed) _____ Date: ____/____/____

Participant/Parent Signature _____ Date: ____/____/____

Throughout the course of activities, our staff may take photos or other audiovisual materials of participants, horses and instructors. These images will only be used for promotion of our various programs. We will not use students' names, parents' names or any individual identifying data at all when using the images. By signing below, you give Foxrun Farm permission to use images of the program participant without charge/compensation in perpetuity to promote the Farm and its programs in print and digital media.

Participant's Name (Printed) _____ Date: ____/____/____

Participant/Parent Signature _____ Date: ____/____/____

IN THE EVENT EMERGENCY MEDICAL TREATMENT is required due to illness or injury while being on the property of Foxrun Farm, I authorize Foxrun Farm to

- 1, Secure and retain medical treatment and transportation as needed and
2. Release records to the authorized individual or agency involved in the medical treatment program.

Consent signature _____ DATE ____/____/____