PLEASE PRINT

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip- Code: \_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

Phone:(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEXT OK? YES/NO

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

*Do you wish to receive newsletters, promotional material, updates, etc.?* **YES/NO**

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

**Photo Release**

I consent to and authorize the use and reproduction by A Different View Equine Center of any and all photographs and any other audio-visual materials taken of me for any use for the benefit of the program including but not limited to use on social media and our website. ***Please select one****:*

[ ] **Yes**, ADVEC may use pictures and/or videos of myself and my family

[ ] **No**, ADVEC may NOT use pictures and/or videos of myself or my family

**Liability Release**

As a patron of A Different View Equine Center, I acknowledge the risk and potential for risk, including but not limited to: (a) The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; (b) the unpredictability of an equine’s reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; (c) hazards, including, but not limited to surface or subsurface conditions; (d) a collision with another equine, another animal, a person, or an object; (e) the potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person or the participant or to other persons, including, but not limited to failing to maintain control over an equine or failing to act within the ability of the participant (f) any injury from work environment or equipment. However, I feel that the possible benefits to myself and to the participants I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself , my heirs, and my assigns, executors or administrators, waive and release foreverall claims for damages against A Different View Equine Center, its Board of Directors, Instructors, Employees, Therapists, Aides and Volunteers from any and all injuries and/or losses I may sustain while participating in A Different View Equine Center’s activities. I acknowledge that I am fully responsible for myself and any minors I have in my care in any event that medical attention is needed. In the event that I, as an adult, am unable to make medical or any decisions I agree that the staff at A Different View is to contact emergency services immediately on my behalf. I am responsible for medical decisions for any minors that are participating with me at ADVEC

**CONFIDENTIALITY AGREEMENT**

A Different View Equine Center (“ADVEC”) adheres to extremely strict confidentiality standards and maintains confidentiality about any and all participation at the farm and any information disclosed in any activities, with limited exceptions for equine facilitated learning sessions (EFL). Due to the nature of ADVEC services, participant population, and possible situations and discussions that may arise ***it is the responsibility of everyone to hold all proceedings that do not belong to one's personal experience confidential.*** We respect all those who choose to talk and discuss difficult topics and be a part of all what ADVEC has to offer. It is our priority to hold a safe space for all participants whether they are present or not. All staff at ADVEC hold a legal obligation to disclose confidential participant information, even without consent, in the following situations: Emergency, Child or Adult abuse, Threat to health or safety. Further details and explanation of these situations are provided upon request.

By signing below I understand and agree to all of the above policies and procedures. I also agree to follow the posted list of “BARN RULES”. We reserve the right to refuse service to anyone. These rules are for the health and safety of our animals and humans.

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please PRINT FIRST and LAST name all members of your family)