Blackhorse 4 Heroes, LLC
325 Amity Rd, Bethany CT 06524 (516) 449-9610

RIDING/DRIVING PROGRAM HOLD HARMLESS AGREEMENT

This form MUST be signed by both veterans and volunteers prior to starting the program:

I_____Printed Name_____ ,recognize and agree that under Connecticut General Statutes Section 52-557p, each person engaged in recreational equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, subject only to certain limitations specified by that statute.

I also agree to hold harmless Blackhorse Equestrian Center, LLC or Blackhorse 4 Heroes, Inc. and their agents, employees, contractors and officers from and against any and all claims and liabilities for any and all injuries, losses and damages to me or my property that may arise from my participation in equestrian activities. In addition, I understand that no warranty, express or implied, written or oral, has been made to me regarding the safety or suitability of any horse or regarding my skill or ability to handle any horse.

_____ _____
Signature Date

MEDICAL TREATMENT CONSENT AND AUTHORIZATION

In the event that I/we are unavailable for the purpose of providing consent, I/we hereby authorize a qualified emergency medical technician, physician, or hospital emergency room, as selected by the staff of Blackhorse Equestrian Center, LLC or Blackhorse 4 Heroes, Inc. to provide such hospital care including routine diagnostic procedures and medical treatment to me. I understand that the consent and authorization herein granted does not include major surgical procedures.

_____ _____
Signature Date

PHOTOGRAPH AND PUBLICITY RELEASE FORM

I also give my permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf Blackhorse4Heroes activities. I agree that Blackhorse4Heroes has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the Blackhorse4Heroes mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, press releases and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release Blackhorse4Heroes and its agents and assigns from any and all claims which arise out of or are in any way connected with such use. I have read and understood this consent and release.

I ☐DO /☐DO NOT (must check one box) give my consent to Blackhorse4Heroes to use my name and likeness to promote the program, its fiscal agent, and/or their activities.

_____ _____
Signature Date

_____ _____
Name of Emergency Contact Phone Number