



The Grace Foundation of Northern California

Non-Profit 501(c)(3) organization -- Tax ID#52-2444981

RELEASE OF LIABILITY

NOTICE TO VISITOR/VOLUNTEER/PARTICIPANT: YOU MUST READ THIS ENTIRE DOCUMENT and initial each paragraph **BEFORE SIGNING IT**. Visitors/Volunteers/Participants under the age of 18 years must have a parent or legal guardian initial and sign this form.

I _____ (Visitor/Volunteer/Participant) ACKNOWLEDGE that in order to participate in The Grace Foundation of Northern California's Programs (herein, Grace Foundation Programs) I must agree to the terms of this waiver. _____ (initial)

I ACKNOWLEDGE that the Grace Foundation Programs were explained to me, or that I have declined to have them explained to me. I fully understand and appreciate the risk of injury involved in participating as a Visitor/Volunteer/Participant in The Grace Foundation Programs. _____ (initial)

I ACKNOWLEDGE that I have been given, read, and fully understand the *Safety Rules for Handling Horses*. _____ (initial)

I ACKNOWLEDGE that mounted and un-mounted equestrian activities, including but not limited to: working with a horse, grooming, feeding, caretaking, riding a horse, driving or riding in a cart drawn by a horse, riding in a Grace Foundation vehicle, and other mounted and un-mounted equestrian activities, AND ANY ACTIVITIES THAT INVOLVE BEING AROUND HORSES are INHERENTLY DANGEROUS ACTIVITIES, which involve a risk of injury. I ACKNOWLEDGE that I may sustain injuries. I EXPRESSLY ASSUME ALL KNOWN OR UNKNOWN RISKS involved in such activities and PARTICIPATE AT MY OWN RISK. _____ (initial)

I ACKNOWLEDGE that due to the nature of equestrian activities, accidents can and do occur, even if the utmost care and safety is exercised. I hereby, EXPRESSLY WAIVE, RELEASE, AND FOREVER DISCHARGE The Grace Foundation of Northern California, its Board of Directors, Instructors, Therapists, Aides, Volunteers, Agents, Employees, Sponsors, and Affiliates, land owners, MJ 318 A California limited partnerships, Angelo K. Tsakpoulos, Tsakpoulos family partnership, a California General Partnership, and John Kemp Trust, MJM Properties and Mike McDougall, whosoever from ANY AND ALL LIABILITY, CLAIM, LOSS, DAMAGE, COST, OR EXPENSE arising from, or attributable in any legal way to, ANY NEGLIGENT ACT OR OMISSION on the part of any such person or organization. _____ (initial)

I ACKNOWLEDGE that I have carefully read this waiver and release, and that I fully understand that it is a RELEASE OF LIABILITY. I, also, ACKNOWLEDGE that I am waiving any and all rights that I may have to bring a lawsuit in which I could assert claim against The Grace Foundation of Northern California and all the other persons mentioned for any damages caused by negligence of the aforementioned parties. I hereby consent to the terms of this waiver.

DATE: _____ Signature: _____
- (Visitor/Volunteer/Participant)

I ACKNOWLEDGE that I have carefully read this waiver and release on behalf of my child or ward, and that I fully understand that it is a RELEASE OF LIABILITY. I ACKNOWLEDGE that I am waiving any and all rights that I have to bring a lawsuit in which I could assert claim against The Grace Foundation of Northern California and all the other persons mentioned for any damages caused by the negligence of the aforementioned parties. Parents or guardians of Visitors/Volunteers/Participants will reimburse The Grace Foundation of Northern California for defense costs and any judgment associated with any subsequent lawsuit. I hereby consent to the terms of this waiver and allow my child or ward to participate as a visitor/volunteer/participant in the Grace Foundation Programs.

DATE: _____ Signature: _____
- (Parent/Legal Guardian Signature (if visitor/volunteer/participant is under 18 years of age))

E-mail address: _____
- (We would like to send you updates, events, and general happenings at The Grace Foundation of Northern California)



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EMERGENCY MEDICAL RELEASE FORM

If emergency medical care is required for _____ (visitor/volunteer/participant name) while receiving services from, providing service to, or while being on the property of The Grace Foundation of Northern California, and if the normal permission isn't available in a timely manner, the undersigned authorizes emergency medical personnel to provide emergency medical care and consents to treatment by a physician and at medical facilities.

In case of an emergency contact: _____ Home Phone: _____

Address: _____ Work Phone: _____

If not available, contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Visitor/Volunteer/Participant takes the following medications: _____ for _____

Allergies: _____

Visitor/Volunteer/Participant's Date of Birth: _____ Age: _____

Medical Insurance Company: _____ Policy # _____

I HAVE READ THIS ENTIRE EMERGENCY MEDICAL RELEASE FORM AND AGREE TO IT. _____ (initial)

I KNOW BY SIGNING THIS FORM, I RELINQUISH ALL CLAIMS I MAY HAVE AGAINST THE GRACE FOUNDATION OF NORTHERN CALIFORNIA, its Board of Directors, Instructors, therapists, Aides, Volunteers, Agents, Employees, Sponsors, and Affiliates whosoever.

Signature of Visitor/Volunteer/Participant Date

Signature of Parent/Guardian (if under 18 years of age) Date

PHOTO RELEASE I consent to and authorize the use and reproduction by Grace Foundation of any and all photographs and any other audiovisual materials taken of me or my child or my ward for promotional purposes, educational activities, exhibitions or for any other use for the benefit of Grace Foundation and its work.

Date
Signature – Visitor/Volunteer/Participant or Parent/Guardian (if under 18 years of age)

CONFIDENTIALITY RELEASE I understand that I may be made aware of confidential information regarding rider diagnoses, etc. I understand that under no circumstances is this information to be shared with individuals external to the Grace Foundation Programs, and that information is provided solely for the purposes of improving the therapeutic benefit to the participant in the program.

Date
Signature – Visitor/Volunteer/Participant or Parent/Guardian (if under 18 years of age)



SAFETY RULES FOR HANDLING HORSES (For Visitor/Volunteer/Participant to Keep)

Sturdy boots with a heel are required to be worn when working with horses. No tennis shoes, sandals or loafers are allowed. For safety reasons, open-toed shoes cannot be worn anywhere on the premises.

No one is permitted to go into the pasture with the horses unless specifically instructed to by a Trainer or a Grace Foundation Board Member.

No one is permitted to go into, or take a horse out of a stall, unless specifically instructed to by a Trainer or a Grace Foundation Board Member.

General Information About Horse Behavior:

Horses survive in the wild because of their instinct to flee from danger. This is called the "flight instinct." Horses may react to unfamiliar objects and circumstances by spooking, or fleeing, from the object of fear. Horses detect danger through their vision, sense of smell, and keen sense of hearing.

Horses also see differently than humans do, and they can be easily spooked if surprised. They have wide- angle vision, but they also have blind spots directly behind and in front of themselves. The horse has to position its head to focus its vision. When it focuses on one area, it cannot see other areas clearly. When a horse lifts its head and pricks its ears, it is focusing on something far away. A horse lowers its head when focusing on low, close objects. Keep these blind spots in mind and pay attention to where your horse's attention is focused.

Your horse's ears will give you clues, too. They will point in the direction in which its attention is focused. Ears that are "laid back," or flattened backward, warn you that the horse is disturbed and may be getting ready to kick or bite. Know the difference between ears that are laid back and ears that simply indicate a resting or listening horse.

Approaching a Horse:

1. Before you approach a horse, speak so that the horse knows you are there. Watch the horse for an indication that the horse has acknowledged your presence.
2. Approach from the side of the horse. Stand at the horse's shoulder.
3. Never stand directly in front or directly behind the horse. A horse cannot see you well if you stand directly in front of it. When the horse can't see you, he may become startled.
4. Horses have powerful hind legs to defend themselves, so it is only normal for them to kick when surprised. When walking around a horse stay out of kicking range. Walk 12-15 feet from the horse and pay close attention to the horse's reaction.
5. Remember to walk and speak normally around a horse. Don't make loud noises or sudden movements.
6. Speak to your horse and keep your hands on it when moving closely around it. Even when a horse is aware of your presence, quick movements can startle it.
7. Never tie the horse to a fixed object.
8. Never feed a group of loose horses treats including grains & carrots in the pasture. They become jealous over food and could start kicking and biting.
9. Only feed horses grain & treats from a bucket that you hold in your hand, not directly from your hand. The horse will be less likely to nibble your fingers while looking for treats. Also, when feeding a horse grain & treats it must take place in a separate, designated area, and be approved by a trainer.
10. Do not use food to catch the horses. Other horses may crowd you and you could get stepped on.
11. The key to true horsemanship is to respect your horse and to be patient with it.