RELEASE BY AN INDIVIDUAL FOR PARTICIPATION IN EQUESTRIAN ACTIVITIES

PLEASE READ THIS CAREFULLY AND BE AWARE THAT IN PARTICIPATING IN HORSE-RELATED ACTIVITIES AT THIS FACILITY, YOU WILL BE WAIVING AND LIMITING ALL CLAIMS FOR INJURIES ARISING OUT OF THESE ACTIVITIES THAT YOU OR THE OTHER OR THE OTHER NAMED PARTICIPANTS MIGHT SUSTAIN.

This Release executed on _____, 20 ____

By Participant over 18 years old _____,
OR
                                                              Print Name
By (Parent and natural guardian) _____,
OR
                                                              Print Name
By Court Appointed Legal Guardian _____,
                                                              Print Name
Residing at _____(Please
                              Full Address, including zip code
include zip code), State of New York.

Phone Number _____ on behalf of myself as "Releasor" and Participant

under 18 years of age or otherwise lacking capacity (Name of Participant)

_____ Referred to as "Participant" for the period of one year

commencing with the execution of this agreement. This agreement runs to the benefit of Great

Strides Long Island, Inc, ("Program"), and the individuals assisting in any riding activities performed

by the Participant.

The terms "I", "Me" and "My" also refer to parents or guardians as well as participants in the program.

In participating in these programs and utilizing these facilities, you are agreeing as follows:

WARNING: UNDER NEW YORK LAW, AN EQUINE PROFESSIONAL OR EQUINE ACTIVITYSPONSOR 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 18-404 OF THE GENERAL OBLIGATIONS LAW.

As a user of these facilities, I recognize and acknowledge that there are certain risks of physical

injury and I agree to assume the full risk of any injuries, damages or loss of which I may sustain as a

result of participating in any manner in any and all activities connected or associated with such a

program and in such a facility. I further recognize and acknowledge that interaction with horses

involves substantial risks of injury.

I agree to waive and relinquish and all claims I may have as a result of participating in the program and using the facility and all independent contractors, volunteers, officers, agents, servants and employees of the governmental bodies and independent contractors and any and all other injuries that I might sustain while participating in facility activities. (The parties described in the preceding sentence are referred to as the released parties in the remainder of this agreement.)

I do hereby fully release and discharge the Facility and the other released parties from any and all claims for injuries, damage or loss which I may have or which may occur to me on account of my use of this facility.

I understand the nature of the facility which I will be using and have read and fully understand the Waiver Release and Hold Harmless Agreement.

Releasor states and affirms that he or she is over the age of 18 years and is the parent or guardian of the Rider set forth above. Releasor further affirms that he or she has carefully read this release and understands the contents thereof and executes it freely and voluntarily.

Email:_____

_____   _____
(Print Name of Participant/Releasor)   (Signature of Participant/Releasor)

_____   _____
(Print Name of Parent or Legal Guardian)   (Signature of Parent or Legal Guardian)

_____   _____
(Facility Witness Print Name)   (Today's Date)

Saddle Rock Ranch

A service of Family Residences and Essential Enterprises, Inc.

RELEASE BY AN INDIVIDUAL FOR PARTICIPATION IN EQUESTRIAN ACTIVITIES

PLEASE READ THIS CAREFULLY AND BE AWARE THAT IN PARTICIPATING IN HORSE-RELATED ACTIVITIES AT THIS FACILITY, YOU WILL BE WAIVING AND LIMITING ALL CLAIMS FOR INJURIES ARISING OUT OF THESE ACTIVITIES THAT YOU OR THE OTHER OR THE OTHER NAMED PARTICIPANTS MIGHT SUSTAIN.

This Release executed on _____, 20 _____

By Participant over 18 years old _____,
OR
<div align="center">Print Name</div>

By (Parent and natural guardian) _____,
OR
<div align="center">Print Name</div>

By Court Appointed Legal Guardian _____,
<div align="center">Print Name</div>

Residing at _____(Please
<div align="center">Full Address, including zip code</div>

include zip code), State of New York.

Phone Number _____ on behalf of myself as "Releasor" and Participant

under 18 years of age or otherwise lacking capacity (Name of Participant)

_____ Referred to as "Participant" for the period of one year

commencing with the execution of this agreement. This agreement runs to the benefit of Saddle

Rock Ranch ("facility"), and the individuals assisting in any riding activities performed by the

Participant.

The terms "I", "Me" and "My" also refer to parents or guardians as well as participants in the program.

In participating in these programs and utilizing these facilities, you are agreeing as follows:

WARNING: UNDER NEW YORK LAW, AN EQUINE PROFESSIONAL OR EQUINE ACTIVITYSPONSOR 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 18-404 OF THE GENERAL OBLIGATIONS LAW.

As a user of these facilities, I recognize and acknowledge that there are certain risks of physical

injury and I agree to assume the full risk of any injuries, damages or loss of which I may sustain as a

result of participating in any manner in any and all activities connected or associated with such a

program and in such a facility. I further recognize and acknowledge that interaction with horses

involves substantial risks of injury.

I agree to waive and relinquish and all claims I may have as a result of participating in the program and using the facility and all independent contractors, volunteers, officers, agents, servants and employees of the governmental bodies and independent contractors and any and all other injuries that I might sustain while participating in facility activities. (The parties described in the preceding sentence are referred to as the released parties in the remainder of this agreement.)

I do hereby fully release and discharge the Facility and the other released parties from any and all claims for injuries, damage or loss which I may have or which may occur to me on account of my use of this facility.

I understand the nature of the facility which I will be using and have read and fully understand the Waiver Release and Hold Harmless Agreement.

Releasor states and affirms that he or she is over the age of 18 years and is the parent or guardian of the Rider set forth above. Releasor further affirms that he or she has carefully read this release and understands the contents thereof and executes it freely and voluntarily.

Email:_____

_____   _____
(Print Name of Participant/Releasor)   (Signature of Participant/Releasor)

_____   _____
(Print Name of Parent or Legal Guardian)   (Signature of Parent or Legal Guardian)

_____   _____
(Facility Witness Print Name)   (Today's Date)

Great Strides
LONG ISLAND
HORSES FOR BODY,
MIND AND SOUL

PHOTO RELEASE

I, _____, the parent/guardian of

_____, Hereby grant permission to Great Strides Long Island, Inc. to have pictures taken of my child to be used in the organization's marketing materials (i.e. articles, newsletters, brochures, journals, advertisements, website etc.).

I agree to allow my child's name to be utilized in the publications of this photo. It is understood that said pictures or articles are intended to project a very positive image of the individuals who participate in programs and to benefit the cause of Great Strides Long Island.

_____
Signature of Parent/Guardian

_____
Date

Name

_____
Address

_____
Phone
_____

Authorization for Emergency Medical Treatment Form

☐ Participant ☐ Staff ☐ Volunteer

Name:_____

DOB: _____ Phone: _____

Address:_____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications:
_____

Current medications:
_____

In the event of an emergency, contact:

Name: _____Relation: _____ Phone:_____

Name: _____Relation: _____ Phone:_____

Name: _____Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Saddle Rock Ranch to:
1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan
This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature:_____

Non-Consent Plan
I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

☐ Parent or legal guardian will remain on site at all times during equine assisted activities

☐ In the event emergency treatment/aid is required, I wish the following procedure to take place:

_____
_____

Date: _____ Non-Consent Signature: _____
<div align="center">Client, Parent or Legal Guardian</div>