

**Bit of Hope Ranch Inc.  
Program Liability Release  
and Assumption of Risk**

Office Code:



Bit of Hope Ranch  
Hereinafter known as "Ranch"  
5001 C R Wood Road  
Gastonia, NC 28056  
www.bitofhoperanch.org  
704 862-0095 Fax 888 704-6251

**Authorization, Liability Release, Indemnification and Assumption of Risk Agreement**

*PLEASE READ CAREFULLY AND COMPLETE ALL SECTIONS BEFORE SIGNING*

**General Contact Information**

Client's First Name	Client's Last Name
Guardian Name (if under 18)	
Address St	City State Zip
Phone Number	Cell Number
Date of Birth	Email
Emergency Contact Name	Emergency Contact Number
Emergency Contact Name	Emergency Contact Number

**Medical Consent**

In the event my Child becomes injured or sick while on the premises of the Ranch, I hereby authorize and consent to the Ranch staff providing first aid, as well as in accord with their best judgment, to summon medical professionals at my expense for the medical treatment of my Child.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Participant (Parent or Legal Guardian if participant is under the age of 18 yrs)

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

State any medical information you want supplied to a medical professional in an emergency:  
\_\_\_\_\_  
\_\_\_\_\_

**Bit of Hope Ranch Inc. Equine Activities, Educational and Therapeutic Program  
Release of Liability & Assumption of Risk Agreement**

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Bit of Hope Ranch programs include a working equine facility complete with livestock and farm equipment. The Ranch also has a low ropes course and other portable low element activities. These activities are strenuous and psychologically demanding and require participants to be in good physical condition. Although the programs use trained staff/volunteers and regularly inspect the low ropes course, it is impossible to foresee all possible dangers. Some specific risks the participant may encounter while using the equine activities, therapeutic programs, educational programs, recreational

programs or low ropes course might include, but are not limited to, injury or loss of life from slipping, falling, running, horse bites, horse kicks, and injury from horseback.

- Participant is aware and understands that participating in Bit of Hope Ranch's programs involves a potential risk of physical injury or loss of life that may not only be from his/her own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others, the condition of the environment, equipment, or areas where the event or activity is being conducted.
- Participant understands that the programs are physically demanding and potentially dangerous. Therefore, all participants must be free of medical or physical conditions, which might create undue risk to themselves or others who depend on them. If there are any questions about the participant's ability to participate, please consult with the participant's physician prior to signing this form or participating in the program.
- Participant understands that he/she is responsible for behaving in a careful and prudent manner to minimize the risk of injury to themselves or others.
- Participant understands that this is a voluntary program and that he/she should participate to the extent that they feel appropriate for their own condition and skill level ("challenge by choice").
- Participant will not be able to participate if under the influence of drugs or alcohol.

**Confidentiality Agreement**

\_\_\_\_\_ (initials) I understand the expectation that all information related to the students of Shining Hope Farms is considered confidential in nature. I further understand the liability of persons with access to student information and hereby agree to protect and preserve the confidential nature of all student information to which I have access.

**Photo Release**

\_\_\_\_\_ (initials) I hereby authorize Bit of Hope Ranch, the absolute and irrevocable right and permission, in respect of the photographs that have been, or will be taken of the PARTICIPANT or in which the PARTICIPANT may be included with others, to copyright the same, in the name of the Ranch or otherwise, to use, re-use, publish, and republish the same in whole or in part, individually or in conjunction with other photographs, and in conjunction with any printed matter, in any and all media now or hereafter known, and for any purpose whatsoever; and to use my name in connection therewith. I hereby release and discharge the Ranch from any and all claims and demands arising out of or in connection with the use of the photographs, including without limitation any and all claims for libel or invasion of privacy. *Note that the privacy of clients is protected and will pictures will not be used without prior permission.*

**Release/Indemnification and Covenant Not to Sue**

RATHLEAD LIABILITY RELEASE and BIT OF HOPE RANCH RELEASE: As a PARTICPANT at Bit of Hope Ranch, Inc., I acknowledge the risks and potential for risks of an equine therapeutic, equine recreational, educational and Low Ropes Course related program. However, I feel that the possible benefits to me are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Rathlead Farms, LLC and Bit of Hope Ranch, Inc. and their members, Board of Directors, volunteers, contract staff and/or employees for any and all injuries and/or losses I may sustain while participating in activities at Bit of Hope Ranch, Inc.

I HAVE READ THIS DOCUMENT AND AGREE TO ALL OF ITS TERMS. I UNDERSTAND IT BECOMES A LEGALLY BINDING CONTRACT UPON EXECUTION BY THE RANCH AND THAT IT WAIVES CERTAIN LEGAL RIGHTS OF MINE AND OF MY CHILD INCLUDING BUT NOT LIMITED TO A RELEASE, DISCHARGE, INDEMNIFICATION, PROMISE NOT TO SUE, AND HOLD HARMLESS FROM ALL CLAIMS THAT CAN BE MADE AGAINST THE RANCH AND ITS OWNERS, AGENTS, CONTRACTORS, VOLUNTEERS AND EMPLOYEES. IT IS THE INTENT OF THIS AGREEMENT THAT IT SHALL BE BINDING UPON MYSELF, MY CHILD(REN) AND ANYONE ATTEMPTING TO ACT ON BEHALF OF MY CHILD(REN) AND OUR ESTATES SUCCESSORS AND ASSIGNS.

Participants Name:	Participants Signature:	Date:
Guardian's Name:	Guardians Signature:	Date: