



Healing Hands Youth Ranch, Inc.
114 Addington Lane
Waleska, GA 30183
www.hhyr.org

Participant Release

Parent/Guardian Name: _____

Guardian's Place of Employment: _____ Guardian's Email: _____

Photo release:

I consent to and authorize the use and reproduction by Healing Hands Youth Ranch, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions of or for any other use for the benefit of the program.

Date: _____ Signature: _____
Parent/Guardian

Participant liability release:

As a participant, I acknowledge the risks and potential for risks of horse-assisted activities, including a horseback riding program. However, I feel that the possible benefits to myself, my son/daughter/ward 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 Healing Hands Youth Ranch, Inc. which is not operating the program, and their collective officers, trustees, board of directors, instructors, representatives, agents, volunteers and/or employees for any and all injuries and/or losses I/my son/daughter/ward may sustain while participating in Healing Hands Youth Ranch, Inc. I further understand that Georgia law requires the following sentence to be printed on this waiver: Under Georgia law, an equine activity sponsor or equine professional 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 the Equine Activities Liability Protection Act. To my knowledge, there is no medical or physical reason why this person cannot participate in supervised equestrian activities.

Date: _____ Signature: _____
Parent/Guardian
