

Therapeutic Program

Community Outreach Group Application

Please **complete** this paperwork and return to the office.

- Keep pages 1-3 for your files on the contract agreement and policies
- Return pages 4-6 to our office
- Pages 7-13 are to be completed by participants/legal guardians. Note that page 9 requires a ***health care provider's signature*** if participants have a disability or medical condition.
- Page 14 is to be completed by the organization's representative

If forms are not completed and signed they will be returned and may delay your participation in the program.

*Any additional information you would like to provide would be much appreciated—the more knowledge we have about a participant the better we can facilitate them.

Mission

Chastain Horse Park serves riders of all ages and abilities helping them to attain their highest potential in areas of cognitive, physical, and emotional development through the therapeutic relationship with a horse.

Vision

To serve the Atlanta community and enhance the lives of our patrons through horsemanship by providing a combination of equestrian activities including therapeutic programs, beginner to advanced riding lessons, pony parties for children, and competitive show opportunities.

PROGRAM & POLICY AGREEMENT

Welcome to Chastain Horse Park. Our community outreach program is based on providing a safe and enjoyable learning environment with horses. Community outreach group visits are designed to improve participants with functional life skills, provide a hands-on experiential learning opportunity, non-judgmental environment and chance to be exposed to horses, horsemanship, and all the benefits provided by such experiences. The community outreach program boosts participant's self-confidence and social skills. It allows individuals to interact and communicate not only with each other but with horses as they give them commands while riding and listen to directions from the instructor. It can be a wonderful opportunity for groups from disadvantaged circumstances to develop self-awareness, confidence, and self-discipline.

- ❖ All groups must be at least **6 or more participants**



- ❖ All program expectations, rules, processes, procedures apply to groups.

CHP has a variety of community outreach group visits designed to bring equine-related activities to an even larger population of people who can benefit from them throughout the community. See examples:

Field Trips ➔ Schools, local organizations, scout troops, and residential group homes, etc. Field trips may be up to two hours in length and structured as either mounted or unmounted sessions. Student visitors receive an introduction to horse grooming, handling and potentially riding. CHP provides trained staff and volunteers to conduct and supervise the direct activities for field trips, however groups are required to provide adequate parental or staff support to maintain the safety and integrity of the group.

Stable Senses ➔ This practical program focuses on at-risk youth populations and focuses on community and self-development while incorporating horsemanship skills. We utilize the horse as our fellow teacher, delving into a variety of pertinent and pre-determined topics. The program includes interaction with our horses as well as team-building and communication activities to increase self-confidence, responsibility and leadership potential. CHP strives to create a successful and fun experience for all participants including the potential opportunities for mounted riding time. Benefits: discovery—discover the meaning of team in an outdoor, stable environment, compassion—develop a lasting relationship with our peers and horses alike, opportunity—open new doors to improve self-confidence and encourage leadership skills.

Healing Horses ➔ This program has been developed around individuals with special needs. The curriculum will be very closely related to our therapeutic riding lesson program. We will take into account each participant’s individual needs and create a lesson plan for them in order to achieve the goals. We are happy to work with therapist/teachers/personnel to match IEP goals. Consistency for most participants is the best and when they achieve their success.

Community outreach group visit options:

<u>Time</u>	<u>Types of Visits</u>	
1 hour	Series of consecutive	❖ Mounted and Non
1.5 hours	visits during a quarterly	mounted visits
2 hours	session, ex: 10-12 visits	
	Every other week or	❖ Preplanned curriculum
	1x/quarter	which is tailored for your
	One-time visit	particular group

Equine assisted activities and therapies purpose is to contribute positively to the cognitive, physical, emotional and social well-being of individuals with special needs. The program will develop and strengthen skills in the areas of (including but not limited to) awareness, balance, flexibility, muscle tone, patience, strength, coordination, focus, leadership, team playing, confidence, courage, friendships, spatial awareness, and fun.

Chastain Horse Park is a PATH Intl. Premiere Accredited Center. All of our instructors are certified by PATH Intl. (Professional Association of Therapeutic Horsemanship International). PATH Intl. promotes safety and optimal outcomes in equine-assisted activities and therapies for individuals with special needs. This organization provides industry standards, procedures, and policies which Chastain Horse Park adheres to strictly. We seek to maximize the abilities of each participant and tailor the community outreach program that is just for them. Please feel free to visit www.pathintl.org.

Please read the following agreement carefully. It contains not only *expectations* of the group/participant *requirements* that must be adhered to in order to participate in programs at Chastain Horse Park. If you have questions about the lesson agreement please feel free to contact the Program Director (404) 252-4244, ext. 2.

BARN RULES & RESPONSIBILITIES OF GROUP/PARTICIPANTS

- **Groups are responsible for arriving at each session on time unless you have previously notified your instructor with schedule changes/adjustments.**
- Participants are not allowed to have their cell phones interrupting sessions: NO phone calls or texts.
- Parents/supervisors/staff assisting the group on site that have not been trained as a volunteer or filled out the necessary paperwork are not allowed in the rings unless otherwise advised by the instructor. Except for emergencies, parents/supervisors/staff should avoid interacting, disrupting, or distracting participants unless given an assignment from the instructor.
- For safety reasons, please do not throw rocks, run, scream or spook horses, etc.
- CHP is utilized by many individuals in our community. Please be respectful of others; use appropriate behavior and language in our setting.
- No smoking, vaping, drinking, drugs or firearms are allowed on the premises.
- All dogs must be on leashes. No barking, growling, or biting dogs allowed on premises.
- No dogs or baby carriages are allowed in the barns.
- Occasionally, a school horse may misbehave. The instructor will attempt to correct the behavior. If the horse's behavior does not improve, it's the instructor's professional call on how the session is continued.

LATE TO SESSION—If a group is late you will not be granted additional time or a refund

CANCELLATIONS—*24-hour cancellation policy.* If groups cancel with less than 24-hours' notice or inadvertently miss the session, the session is subject to full charge. Instructors may cancel session due to weather, sickness, or other extenuating circumstances. They will communicate with you if such a scenario were to occur.

The hallmark of CHP is a commitment to excellence in serving a wide variety of participants, from our youngest therapeutic student to our advanced competitive rider. You are joining students of all ages and abilities who call CHP "home." The Park has obvious limited resources, i.e. horses, volunteers and ring space available therefore can only schedule a limited number of sessions. No make-up sessions can be accommodated.

WEATHER—Sessions are held rain or shine. We are fortunate to have two covered arenas. When the weather does not allow mounted activities or for any other reason, we will focus on un-mounted activities.

WITHDRAWING FROM THE PROGRAM—If your group is joining the program on a regular basis you are required to give a **30-day notice** by the 25th of the month if you want to withdraw. This will allow us to contact another group on the waiting list and place them in your time slot. Otherwise, you will be billed for the next month of sessions, regardless of whether or not you attend the sessions. There will be no credits or refunds given in the program. We require our participants to strictly adhere to this policy.

HOLIDAYS—Chastain Horse Park recognizes the following holidays and will be closed for business on:

New Year's Day—January 1

Memorial Day

Independence Day—July 4

Labor Day

Thanksgiving Day

Christmas Eve Day—December 24

Christmas Day—December 25

New Year's Eve—December 31—close at 2:00

We ask that clients commit to a session at a time. The sessions help our riders attain their highest potential in areas of cognitive, physical, and emotional development through the therapeutic relationship with a horse.

WHO TO CALL WITH QUESTIONS—If you have any questions, please feel free to contact your instructor anytime. If you are in doubt about weather or holidays, please contact your instructor.



PAYMENT POLICY

Across the board, **Chastain Horse Park subsidizes 50% of all therapeutic program costs** to make equine assisted services affordable, but as many of our clients live below the poverty line, we provide additional support, in the form of scholarships, to ensure that these life-changing services are accessible to all people of all abilities, socio-economic standing, ethnicity, race and faiths.

The standard Community Outreach Group fee is **\$50** per participant for each session.

Chastain Horse Park feels strongly about supporting our community in many different ways. Our organization is a 501(c)3 non-profit. The nature of our services is costly and expensive: upkeep and maintenance of a large facility in a prime location, caring for live animals, excellent qualified professionals on the team, etc. We have taken into account many contributing factors and feel the community outreach group fee is reasonable.

On that note, we want to make sure that our standard fee is not a deterrent to signing up for our program. We feel that no matter the financial situation of each group everyone should experience this amazing opportunity. Please contact our office if you would like to further discuss the financial aspect and apply for a scholarship.

Your group, _____, agrees to pay \$_____ per participant for each session. We can accept a **credit card** number which will be charged after the completion of your session for the number of individuals participating. OR You can bring a **check** with you to your Group session and submit it to the instructor before commencement.

- **No refunds are given. If your credit card is rejected or check bounces, you are required to pay a \$25.00 fee.**

CREDIT CARD INFO

Information below must be completed in full by cardholder:

(Circle one) MasterCard Visa American Express

Card No.: _____ Expiration Date: _____ CVC Code: _____

Print Name on Card: _____ Signature: _____

Billing Address: _____

I authorize Chastain Horse Park to withdraw monthly tuition due from my above account.

POLICY, CONTRACT, & PAYMENT AGREEMENT

I _____ (*name of authorized group contact*) have read and acknowledge the Policy Contract Agreement and will abide by the stated policies. I understand that these policies are designed to help keep all involved parties safe, a predictable schedule, riders success, proper care for equines, and operations of the Chastain Horse Park regular. By signing this form, I agree to the terms set forth above, and I commit to participation in the program session(s).

Signature: _____ Date: _____

COMMUNITY OUTREACH GROUP PROFILE

(To be filled out by the authorized group contact)

GROUP INFORMATION & PROFILE:

Group Name: _____

Group Contact Name(s): _____

Street: _____ **City/State:** _____ **Zip:** _____

Email Address(es) _____

Phone: _____ **Fax:** _____ **Website:** _____

FaceBook: _____ **Instagram:** _____ **Twitter:** _____

What are your social media handles and do we have your permission to tag you in our coverage of our partnership?

Do you have a video that talks about the work of your organization that we can share on our channels?

Is your group a 501(c)3 organization? Yes No Can we feature your logo on our website? Yes No

If applicable please include the following:

Mission Statement:

Vision:

Who do you serve? (detailed description of demographic)

Please list other organizations you're affiliated with:

Group Age Range: _____ # participants in group (minimum of 6) _____ Wheelchair access needed: Yes No

What aspect of CHP's community outreach program interests your group most/how best do you think our services benefit your group?



Healing through Horses

Please state any specific goals you would like the group to work on and/or issues that need to be addressed through equine assisted activities and therapies:

Is your group providing volunteers/personnel that are interacting with participants while they are mounted? **YES/NO**
If YES, those individuals must arrange to attend a volunteer orientation and training at Chastain Horse Park. Please email the volunteer coordinator in order to make those arrangements: volunteer@chastainhorsepark.org

When is your group available to schedule visit(s)?

How did you hear about Chastain Horse Park? Board Member CHP Volunteer Client Staff Friend
 Relative Media, if so which: _____ Web search, which one: _____
 Organization, if so which one: _____ Other: _____

Any additional information you would like to share about your group?

It's important you include any information that would potentially be relevant to Chastain Horse Park as you apply to participate in equine assisted activities. There are several precautions and contraindications to engaging in equine activities and we want to make sure that we have enough information (especially medical) from you to decide whether this is a suitable and appropriate activity.

*Pages 7-8 completed by participants/legal guardians.
Page 7 requires signature of a health care provider



COMMUNITY OUTREACH PARTICIPANT PAPERWORK

Group Affiliation: _____

Participant Name: _____ **Date of Birth** _____

Street: _____ **City/State:** _____ **Zip:** _____

County: _____ **Gender:** M or F or Other **Height:** _____ **Weight:** _____

Race or Ethnicity: American Indian or Alaska Native Asian Black or African American Hispanic or Latino
 Native Hawaiian or Pacific Islander White Other: _____ Choose not to answer

Parent/Guardian Name: _____ **Phone:** _____

Contact Phone: _____ **Email Address(es)** _____

School OR place of employment & occupation: _____

IN CASE OF EMERGENCY:

Contact Name: _____ **Relation:** _____ **Contact Phone:** _____

Contact Name: _____ **Relation:** _____ **Contact Phone:** _____

MEDICAL RELEASE:

____ I GIVE MY CONSENT: In case of a medical emergency, the undersigned authorizes the CHP to provide such medical assistance as they determine it to be necessary. The undersigned authorizes any licensed physician and/or medical facility to provide medical surgical care and/or hospitalization for the participant, including anesthetic, which they determine to be necessary or advisable, pending receipt of a specific consent from the undersigned. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and other medical expenses reasonably and necessarily incurred.

OR

____ 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. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

PHOTO RELEASE:

I DO-• or I DO NOT-• (please circle one) consent to and authorize the use and reproduction by Chastain Horse Park & PATH Intl. of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

LIABILITY RELEASE:

I acknowledge the risks and potential risks of a horseback riding program and equine related activities including risk of bodily injury or death resulting from kicks and bites, falling off horses or horse falling on rider, being dragged by a foot caught in the stirrups, being thrown by horse, equipment failure or collision with horses or vehicles or other inanimate objects. However, I feel the possible benefits to my family or the individual I care for 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 Chastain Horse Park, its board of directors, instructors, therapists, volunteers and/or Employees for any and all injuries and/or losses I may sustain as a result of use of Chastain Horse Park property, equipment, or facilities.

WARNING

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 Chapter 12 of Title 4 of the Official Code of Georgia Annotated. I HAVE READ THE ABOVE RELEASES AND GIVE EMERGENCY MEDICAL, PHOTO, and LIABILITY CONSENT AS INDICATED ABOVE:

Signature: _____ **Date** _____

If you are under 18 years of age, your parent/guardian must sign this form

Print Name of Signer: _____

If participant ***has a medical condition or disability***, please provide CHP with pertinent health history information that may impact participation in our activities/services for example (i.e. seizures, catheters, hemophilia, Down Syndrome-atlantoaxial instability, etc.) You must complete page 9.

If the participant ***does not have any medical conditions or disabilities***, please sign below verifying this statement—you will not need to complete page 9.

Signature: _____ Date: _____
If you are under 18 years of age or a dependent adult, your parent/guardian must sign this form

MEDICAL HISTORY/RELEASE

Participant Name _____ Date of Birth _____
 Diagnosis or Health Issue(s) _____
 _____ (If needed, please attach additional information)
 Date(s) of Onset _____

*Persons with **DOWN SYNDROME**: Cervical x-ray—Atlanto-axial instability: Date _____ positive ___ negative ___
 Certification by a physician that an examination did not reveal AAI or focal neurologic disorder is **mandatory**.
 If AAI or neurologic disorder is present—participating in mounted equine activities is a contraindication.

Tetanus Immunization: Date _____ Seizures: ___no ___yes: Type/describe _____
 *If participant has experienced seizure activity within the past 12 months, an additional seizure form needs to be completed.

<https://forms.gle/pFYPwHkL38a9BRio8>

Medications _____ Allergies _____
 Past surgery _____ Mobility: Independent ambulation Crutches Braces Wheelchair Other

Please indicate current or past special needs in the following systems/areas, including surgeries:

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Behavioral/Social			
Other			

The required signature serves as evidence that you have supplied the completed “health history” and that, to the best of your knowledge, it is up to date and accurate. A “health history” is a current record of one’s past and present health status.

Signature: _____ Date: _____

If participant is under 18 years of age or a dependent adult, the legal guardian must sign this form

A Health Care Provider must complete the following:

***HEALTH CARE PROVIDER:**
 Given the above information, this person is not medically precluded from participating in supervised equestrian activities at Chastain Horse Park. Equine activities will not be a contraindication to them.

Signature _____ MD PA NP Other Date _____
 Name (Print) _____ Phone _____
 Address _____ City _____ State _____ Zip _____

Comments _____
 Thank you for your assistance with this application. PLEASE RETURN TO Chastain Horse Park

**Chastain Horse Park, LTD
4371 Powers Ferry Road
Atlanta, GA 30327
404-252-4244**

RELEASE AND HOLD HARMLESS AGREEMENT

WARNING

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 ANIMAL ACTIVITIES PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED.

WITNESS THIS AGREEMENT this ___ day of _____, 20___, by _____ (“**Releasor**”) in favor of Chastain Horse Park, LTD, a Georgia nonprofit corporation (“**CHP**”). In return for access to CHP’s property, the services provided, and the use of any facilities, equipment and equines of CHP and/or on the property on the date set forth above and on all future dates, the covenants and agreements hereinafter contained, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Releasor on behalf of Releasor and Releasor’s heirs, assigns, parents, guardians and representatives, officers, directors, employees, agents, independent contractors, volunteers, affiliates, subsidiaries, successors and permitted assigns hereby agrees as follows:

1. INHERENT RISKS AND ASSUMPTION OF RISKS . Releasor hereby expressly acknowledges the **inherent risks of death, injuries or other harm** to Releasor and any other person and/or property arising from, related to, associated with or otherwise connected with any equine-related activity (“**Equine Activity**”), including but not limited to, riding, participating in any equine-related activity, and/or observing or being present around any equine or other equine-related activity.

Releasor **hereby expressly assumes any and all risks** arising from, related to, associated with, or otherwise connected with **any Equine Activity regarding, related to or pertaining to CHP in any way** (“**CHP Equine Activity**”), including but not limited to: (a) any Equine Activity on CHP’s premises; (b) any Equine Activity in which any equine, equipment, or other property, which CHP owns, leases, or otherwise uses, is used; and/or (c) any Equine Activity, which involves the participation in any way, direct or indirect, of CHP, or any of CHP’s officers, directors, employees, agents, independent contractors, volunteers, or affiliates, including but not limited to, any instruction, supervision, or sponsorship of any Equine Activity or providing or arranging transportation of Releasor or Releasor’s equine, equipment or other property.

The risks, which Releasor hereby expressly assumes above, include but are not limited to, **to death, injury or harm to Releasor or any other person accompanying Releasor and damage to any property** arising from, related to, associated with, or otherwise connected with: (i) any equine running, bucking, biting, kicking, shying, stumbling, rearing, throwing any person off, dragging any person, falling or stepping on any person, or equipment malfunction or failure; (ii) the nature of any equine to be unpredictable and subject to animal whim; (iii) the unpredictability of any equine’s reactions to anything, including but not limited to, sounds, sudden movement and unfamiliar objects, persons or other animals; (iv) the propensity of any equine to behave unpredictably and/or dangerously (v) hazards, such as surface and subsurface conditions; (vi) collisions with other animals; (vii) the limited availability of emergency medical care; and (viii) the potential of Releasor, CHP and/or CHP’s officers, directors, employees, agents, independent contractors, volunteers, affiliates, and subsidiaries, and the owner of any interest in any equine located on the property of CHP, or any other person to act in a negligent manner, including but not limited to, negligently failing to maintain control over an animal, not acting within his or her abilities, or negligently providing or arranging transportation of Releasor or Releasor’s equine, equipment or other property.

In addition to the foregoing, **Releasor hereby expressly assumes any and all risks arising from, related to, associated with, or otherwise connected with Releasor's presence on CHP's premises or the presence of any person accompanying Releasor on CHP's premises**, including but not limited to, any injury or harm to Releasor or any person accompanying Releasor on CHP's premises, and/or any damage, destruction, or theft of any property on CHP's premises. Releasor acknowledges and agrees that while on CHP's premises, it is the sole responsibilities of Releasor and anyone accompanying Releasor to protect himself/herself, each other, and any property on CHP's premises, and that CHP shall have no responsibilities or obligations to do the same.

By way of further example only, and without limiting any of the foregoing, Releasor acknowledges and fully understands that the behavior of any animal may be contingent upon the abilities and limitations of the person(s) interacting with the animal and assumes any all risks arising therefrom, related to, associated therewith or otherwise connected therewith. Releasor further warrants, represents and agrees that Releasor has made a full and fair disclosure of Releasor's abilities and limitations to CHP, and CHP reserves the right to refuse to provide services to Releasor if CHP determines in its sole discretion that Releasor for any reason is unable to participate in any service provided by CHP or could harm any person or any equine, facility, equipment or other property owned or used by CHP (regardless of its location), or any other property located on CHP's premises; provided, however, that CHP shall have no duty or any other obligation to determine whether Releasor or any other person is a risk of any such harm or has the ability to participate in any service provided by CHP, and Releasor is not relying upon any such determination by CHP.

By way of example only, and without limiting any of the foregoing, Releasor also acknowledges and fully understands that CHP's premises is located in a residential environment along heavily traveled roads and that there will be frequent road noises from vehicles, trucks, nearby school children and other sources, and there may be foot traffic through CHP's premises, including but not limited to, the barns.

By way of example only, and without limiting any of the foregoing, Releasor acknowledges and fully understands that Releasor and any person accompanying Releasor uses any of CHP's services, premises and any equine, facility, equipment or other property owned or used by CHP (whether located on CHP's premises or not), at his or her own risk.

2. WAIVER, INDEMNIFICATION, RELEASE AND HOLD HARMLESS. Releasor hereby expressly waives and agrees to indemnify, release, hold harmless and defend CHP and the City of Atlanta and any and all of CHP's (and/or the City of Atlanta's) officers, directors, employees, agents, independent contractors, volunteers, affiliates, subsidiaries, successors, permitted assigns, and the owner of any interest in any equine used by CHP (singly "Releasee" and collectively "Releasees"), from and against, any and all claims, demands, liabilities, obligations, causes of action, damages, losses, judgments, orders, costs or expenses, including but not limited to, reasonable attorney's fees and expenses, whether actually incurred or not, whether now existing or hereafter accruing or maturing at any time, and irrespective of how arising and however caused, which may in any way arise from, relate to, or be in any way associated with or connected with any CHP Equine Activity, the negligence of CHP or any other Releasee (except willful or wanton negligence or misconduct), the presence of Releasor or any person accompanying Releasor on CHP's premises, or the presence of any property of Releasor or any person accompanying Releasor on CHP's premises, including, but not limited to, loss or damage of any equipment or personal property; personal or bodily injury, death or illness to Releasor or anyone accompanying Releasor ("Released Claims").

Releasor agrees and covenants never to bring any action at law or in equity against CHP or the City of Atlanta, or their officers, directors, employees, agents, independent contractors, volunteers, affiliates, subsidiaries, successors, permitted assigns, or the owner of any equine located on the property of CHP, arising from or related to any of its Released Claims.

In the event any suit is brought by either CHP or Releasor to enforce any provision of this Agreement, the prevailing party shall be entitled to collect his/her/its expenses of litigation, including but not limited to, reasonable attorney's fees and costs.

3. HEALTH OF EQUINE. If Releasor is using Releasor's own equine, or an equine not owned by CHP, Releasor warrants said equine shall be free from infectious, contagious or transmittable diseases. CHP reserves the right to

refuse access or use of any equine upon CHP's property or in any sponsored or related activity that does not appear to be in good health, dangerous or undesirable; provided, however, that CHP shall have no duty or other obligation to determine that any equine on CHP's property or in any sponsored or related activity is or appears to be free from any disease, is in good health, or is not dangerous or undesirable; and Releasor is not relying upon any such determination by CHP.

4. WAIVER. Releasor agrees to waive the protection of any applicable statutes in this jurisdiction with a purpose, substance and/or effect which is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing said release.

5. CONSENT TO USE OF IMAGE AND LIKENESS. In addition to the above, Releasor agrees to allow CHP and/or PATH Intl. to take or record photographs, videos, and/or audio of Releasor and any family member or other person accompanying Releasor to any CHP Equine Activity and use any such photograph, video, or audio for the purposes of advertising, marketing or other promotional material, educational activities, exhibitions or for any other use for the benefit of CHP and/or PATH Intl.

6. RULES AND REGULATIONS. Releasor agrees to strictly adhere to that certain Policy Agreement, which is hereby expressly incorporated by reference as though fully stated herein, and to strictly abide by and follow any other rules and regulations of CHP, which shall be posted and/or available from time to time.

7. EMERGENCY MEDICAL TREATMENT. The officers, directors, employees, agents, independent contractors, volunteers, affiliates, and subsidiaries of CHP have Releasor's permission to use their sole judgement with regard to medical treatment in case of emergency until Releasor or emergency contacts can be reached. Should Releasor or emergency contacts not respond immediately, Releasor hereby authorizes any physician or hospital to proceed immediately with treatment should Releasor require emergency treatment.

8. ENTIRE AGREEMENT. This Agreement and that certain Policy Agreement, which is hereby expressly incorporated by reference as though fully stated herein, and any other written agreement between the parties signed by CHP and dated by CHP on the same date above or thereafter, if any, constitutes the entire agreement between the parties hereto, and there are no other agreements between the parties hereto except as expressly set forth herein. No other agreements, promises or representations, verbal or implied, are included. In the event the terms of this Agreement conflict with any terms of said Policy Agreement, this Agreement shall control. If any term or provision hereof is illegal or invalid for any reason whatsoever, such illegality or invalidity shall not affect the validity or enforceability of the remainder of this Agreement, the Policy Agreement, or any other written agreement between the parties signed by CHP and dated by CHP on the same date above or thereafter, if any.

9. EXECUTION OF DOCUMENTS. Releasor agrees to cooperate in good faith, and timely execute and deliver any additional documents and instruments, perform any additional acts, and do all things necessary or appropriate to effectuate any of the provisions and conditions set forth in this Agreement; provided, however, that such acts, things, agreements, instruments, and/or documents do not impose additional obligations than those required by this Agreement. This Agreement and any additional documents and instruments may be executed and delivered by facsimile, electronic transmission or otherwise, including telecopied or electronic signatures and signature pages.

10. LAW. This Agreement shall be governed by the laws of the State of Georgia.

11. NO THIRD-PARTY BENEFICIARIES. This Agreement is solely for the benefit of the parties and the City of Atlanta, including but not limited to any party's (or the City of Atlanta's) officers, directors, employees, agents, independent contractors, volunteers, affiliates, subsidiaries, successors and permitted assigns. No other person or entity will be a beneficiary of any of the provisions of this Agreement, and the parties specifically deny any intention to benefit any such person or entity.

12 WARRANTIES OF AUTHORITY OF GROUP. Any person signing on behalf of Group below represents, warrants and agrees that (a) he or she has the legal right, power, capacity, and authority to execute and enter into this Agreement on behalf of Group, to bind Group to this Agreement, and to perform all other acts as may be necessary in

connection with the performance of this Agreement; (b) said person is at least 18 years of age; (c) said person con to and approves in all respects to this Agreement and Group’s execution of this Agreement, and (d) agrees that Gro shall be bound by this Agreement.

13. WARRANTIES OF AUTHORITY OF PARENT OR GUARDIAN OF RELEASOR. Any parent or legal guardian signing on behalf of Releasor below represents, warrants, and agrees that (a) he or she is the parent or legal guardian of the Releasor; (b) no court has issued any order, judgment, or decree granting custody of the Releasor to anyone else or otherwise affecting his or her rights as parent or legal guardian; (c) Releasor has not been emancipated; (d) said parent or legal guardian has the legal right, power, capacity, and authority to execute and enter into this Agreement on behalf of Releasor and said parent or legal guardian and to bind Releasor and said parent or guardian to this Agreement, and to perform all other acts as may be necessary in connection with the performance of this Agreement; (e) said parent or legal guardian is at least 18 years of age; (f) said parent or guardian hereby consents to and approves in all respects to this Agreement and Releasor’s execution of this Agreement, and (g) agrees that both Releasor and said parent or legal guardian shall be bound by this Agreement.

RELEASOR

(IF PARTICIPANT)

Name of Participant (Print) **Date of Birth**

Name of Parent/Legal Guardian **Date of Birth**

Mailing Address **Email Address**

City **State** **Zip Code**

Home Phone **Work Phone** **Mobile Phone**

Signature of Participant **Date Signed**
 [or Parent/Legal Guardian, individually, on behalf of himself/herself and on behalf of Participant]

(OR IF GROUP, FILL OUT AND SIGN NEXT PAGE)



Healing through Horses

(GROUP)

Name of Group (Print)

Mailing Address

Email Address

City

State

Zip Code

Home Phone

Work Phone

Mobile Phone

Name and Title of Person Signing on Behalf of Group

Signature of Person Signing on Behalf of Group

Date Signed