

**KINDLE HILL FOUNDATION
GENERAL WAIVER, RELEASE OF LIABILITY & MEDICAL RELEASE**

Release Waiver Category (check line):

- | | |
|---|---|
| <input type="checkbox"/> Equine Assisted Learning | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Equine Assisted Therapy | <input type="checkbox"/> Tour |
| <input type="checkbox"/> First Responder Equine Assisted Learning | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> First Responder Equine Assisted Therapy | |
| <input type="checkbox"/> First Responder Equine Assisted Training | |

The individual named below (referred to as “I” or “me”) desires to participate in certain activities provided at 901 Morris Road, Blue Bell, PA 19422 and 99 Plymouth Road, Blue Bell, PA 19422 (the “Activities”) by and through the Kindle Hill Foundation (the “Company”). As lawful consideration for being permitted by the Company to participate in the Activities, I agree to all of the terms and conditions set forth in this agreement (this “Agreement”).

I am aware and understand that horse-related activities are inherently dangerous and the Activities involve the risk of serious injury, death, loss and/or property damage. I acknowledge that I am voluntarily participating in the Activities with knowledge of the dangers involved and hereby agree to accept and assume any and all risks of injury, death, loss, or property damage, whether caused by the negligence or gross negligence of the Company or otherwise.

I hereby expressly waive and release any and all claims, now known or hereafter known, against the Company, and its officers, directors, employees, agents, affiliates, successors, assigns and contractors (collectively, “Releasees”), on account of any injury, death, loss or property damage arising out of or attributable to my participation in the Activities, whether arising out of the negligence of the Company or any Releasees or otherwise. I covenant not to make or bring any such claim against the Company or any other Releasee, and forever release and discharge the Company and all other Releasees from liability under such claims.

I shall defend, indemnify, and hold harmless the Company and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable attorney’s fees, and the costs of enforcing any right of indemnification under this Agreement, and the cost of pursuing any insurance providers, awarded against the Company or any other Releasees in a final non-appealable judgement, arising out or resulting from any claim of a third party as a consequence of my participation in the Activities.

I hereby (check one) “Consent _____,” “Do not consent _____” to any medical, dental, or surgical treatment or procedure of an emergency nature that is reasonably necessary to attempt to save my life or to restore me to health. I understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future payments of incurred bills. **Initials:** _____

This Agreement constitutes the sole and entire agreement of the Company and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect

to such subject matter. If any term or provision in this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall inure to the benefit of the Company and me and their respective successors and assigns. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the Commonwealth of Pennsylvania without giving effect to any conflict of law provision or rule. Any claim or cause of action under this Agreement must be brought in the Court of Common Pleas of Montgomery County, Pennsylvania.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE COMPANY.

Printed Name (first, last name legibly)

Street Address

Signature

City, State, Zip Code

Today's Date

Phone Number

Date(s) of Session

Email Address

***All fields must be completed**

FOR MINORS

If the participant is under the age of 18, complete the section above with the minor's information and parent or legal guardian information below.

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release of Liability.

Printed Name of Parent/Legal Guardian

Street Address

Signature of Parent/Legal Guardian

City, State, Zip Code

Email Address

Phone Number

FIRST RESPONDER PROFESSIONAL AFFILIATION

Military Information

Airforce	<input type="checkbox"/> <i>Active</i>	<input type="checkbox"/> <i>Retired</i>
Army	<input type="checkbox"/> <i>Active</i>	<input type="checkbox"/> <i>Retired</i>
Navy	<input type="checkbox"/> <i>Active</i>	<input type="checkbox"/> <i>Retired</i>
Marine	<input type="checkbox"/> <i>Active</i>	<input type="checkbox"/> <i>Retired</i>
Coast Guard	<input type="checkbox"/> <i>Active</i>	<input type="checkbox"/> <i>Retired</i>

Police Department

<input type="checkbox"/> <i>Active</i>	<input type="checkbox"/> <i>Retired</i>	<i>Township:</i>
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Firefighter

<input type="checkbox"/> <i>Active</i>	<input type="checkbox"/> <i>Retired</i>	<i>Township:</i>
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EMS

<input type="checkbox"/> <i>Active</i>	<input type="checkbox"/> <i>Retired</i>	<i>Township:</i>
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CLIENTS & VOLUNTEERS

Health History

It is important that Kindle Hill Foundation is advised if there are any physical or cognitive limitations that might impact a person's ability to participate in our services or programs. This includes recent injuries, surgeries, allergies, asthma, seizure disorders or anything else that could impact the safety of our horses and those around you.

Please list all relevant information below:

Health Information	<i>(ex. health risks, disorders, diagnoses)</i>
Physical Limitations	<i>(ex. physical disabilities, physical health concerns, balance issues, vertigo, muscle weakness)</i>
Cognitive Limitations	<i>(ex. memory loss, concentration difficulties, cognitive impairments, developmental delays, mental diagnoses)</i>
Allergies	<i>(food, medication, animal, environmental)</i>
Current Medications <i>(optional)</i>	

Authorization for Emergency Medical Assistance	
In the event of a medical emergency, the client or volunteer authorizes Kindle Hill Foundation to provide the following information to attending medical providers.	
Health Insurance Company	
Policy #	
Medication Allergies	
Emergency Contact	
Name	
Phone	
Email	
Relationship	
FOR VOLUNTEER	
Photographic Release	
<p>Photographs or videos may be taken on Kindle Hill Foundation property in which volunteers may be included. These materials would be used for the benefit of Kindle Hill Foundation's program. Usage could be on social media, website, in print or in other audio/visual promotional ways.</p> <p>By signing below, I hereby consent to video or photograph usage by Kindle Hill Foundation.</p> <p>_____</p> <p>Signature _____ Date _____</p>	
Confidentiality Agreement	
<p>The volunteer understands that all information within Kindle Hill Foundation's Donor Perfect database as well as information pertaining to program participants in the Equine Assisted Therapy and Equine Assisted Learning programs are confidential. No information may be shared with anyone or any organization outside of the Kindle Hill Foundation.</p> <p>By signing below, I hereby consent to the confidentiality agreement.</p> <p>_____</p> <p>Signature _____ Date _____</p>	