**For Administrative use only:**

**Volunteer**

**Patient**

**Group Volunteer**

**Staff / Intern**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARTICIPATION RELEASE**

**MUST CONTAIN ORIGINAL SIGNATURES:**

This from must be completed and submitted for **\*EVERY participant\*** at 7th Generation Foundation, Inc. operating as Dream Catcher Meadows. Before engaging in 7th Generation Foundation, Inc. activities. It is the participants responsibility to ensure that all information is complete and accurate, and to notify 7th Generation Foundation, Inc. in the event of any changes.

**CONTACT INFORMATION (please print):**

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian **(for participant under 18\*)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY INFORMATION:**

**Please notify the following individual(s) immediately in the case of an emergency:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any health conditions that could affect your ability to participate safely at in 7th Generation Foundation Inc, Programs?**

 **Yes NO -- If yes, please discuss with OFFICE MANAGER.**

**PLEASE READ CAREFULLY AND INITIAL BESIDE EACH STATEMENT BELOW:**

Participant Parent

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ I understand that horses, goats, pigs, chickens, and other animals are independent living beings and can be unpredictable.

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ I understand that there are always elements of risk in equestrian activities, including permanent disability or death, that common sense and personal awareness can help reduce.

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ **I am aware that at all times when at 7th Generation Foundation Inc, it is my responsibility to:**

1. Be alert and respectful of horse’s intentions signaled with their ears and eyes and carried out with their teeth and hooves.
2. Speak in a reassuring tone when approaching a horse or horses and avoid sudden movements or noise.
3. Always lead horses properly with a lead rope.
4. Always wear appropriate clothing including durable shoes.
5. Put away all equipment when after using.
6. Read and obey all posted information and warnings.
7. Comply promptly with all verbal directions of 7th Generation Foundation Inc, staff and instructors **unless** I believe that by doing so, I will endanger myself, other people or horses, in which case I will immediately express my opinion to the person involved.
8. Refrain from acting in any manner which may cause or contribute to my injury or the injury of other people or horses.

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ I am aware that video surveillance is used at 7th Generation Foundation Inc., as a measure of security and to ensure safety of horses, people and property.

\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ I understand that this is only a partial list, and I must be safety conscious and exercise sound judgment AT ALL TIMES. ANYONE found to be endangering themselves; other people or horses, face immediate revocation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(participant\* or parent/guardian if under 18)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (participant signature if under age 18)

**ASSUMPTION OF RISK:**

I hereby acknowledge and assume all the risk of participating in any horse or other animal-related activities, at 7th Generation Foundation, Inc. or in any locations where 7th Generation Foundation, Inc. activities take place. I do hereby, wave, release and forever discharge, and indemnify and hold harmless 7th Generation Foundation, Inc. its officers, staff members, volunteers, instructors, advisors and/or agents from any and all claims, suits, actins, damages, losses, liability, cost and expenses (including attorney fees and court costs), of ant kind or nature whatsoever, incurred for injuries and or damages to person and /or property. I understand that participation in activities at 7th Generation Foundation, Inc. are potentially hazardous and can result in serious injury and I am voluntary allowing the participant participation in the programs. I release them from responsibility for accidental physical injury, including death or illness, loss of personal property, and exposure to/affected by a biohazard while utilizing 7th Generation Foundation, Inc. services or premises.

I agree to remain fully liable and responsible for any such hospital, doctor, ambulance, dental or medical fees in the event of an injury to me ad a result of my participation in any and all activities involving 7th generation Foundation Inc. I understand that **7th Generation Foundation Inc, does NOT provide health, accident or liability insurance to participants\*.**

I acknowledge that there is valid consideration to executing this release. The invalidity of any statement of waiver of rights above under local, state or federal law does not invalidate any other statement or waiver of rights above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Participant\* or parent/guardian if under 18)

**PHOTO RELEASE:**

 I DO I DO NOT

… consent to and authorize the use and reproduction by 7th Generation Foundation Inc, operating as Dream Catcher Meadows. Of any and all photographs and any other audio/visual materials taken of me for promotional material, education activities. And exhibitions or for other use for the benefit of 7th Generation Foundation Inc, operating as Dream Catcher Meadows.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Participant\* or parent/ guardian if under 18)

**OPTIONAL -- AUTHORIZATION FOR TREATMENT:**

The undersigned participant\*, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and parents or legal guardian of a minor participant\*, authorizes members of 7th Generation Foundation Inc. as agent(s), to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licenced emergency medical technician or surgeon, weather on 7th generation Foundation Inc. property, in a remote location, in a office or in a licenced hospital. This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the health care giver may deem advisable. This authorization shall remain effective indefinitely unless revoked in writing.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Participant\* or parent/legal guardian if under 18)

Health insurance carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health insurance phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_