



**Participant Information Form**

**2022-2023**

Northern Pathways Equine Center collects contact information, and relevant medical information, for each participant. This information will not be shared with anyone other than program staff. Completing this form helps us provide the safest environment possible for each participant. Note that if you are signing up as a volunteer, we reserve the right to perform a background check. **Please read and complete entire form!**

**1. Please check the program the participant (you or the person you are signing for) will be part of:**

BRONCO \_\_\_      Hoofprints \_\_\_      COWPOKES (ISD) \_\_\_

GALLOP \_\_\_      Volunteer \_\_\_      Peer \_\_\_

TRAILS \_\_\_      Party Guest \_\_\_      Independent/Private \_\_\_

2. \_\_\_\_\_  
**Participant Name** (Please print)

3. **Participant Phone** (if applicable) \_\_\_\_\_

4. \_\_\_\_\_  
**Parent/Guardian Name** (If required; please print)

5. **Email Address:** \_\_\_\_\_

6. \_\_\_\_\_  
**Participant Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

7. **Does the participant have any medical issues (seizures, food or insect allergies, Epi-pen use, etc.) that we ought to know about?**

**Yes** \_\_\_ **No** \_\_\_ If you checked Yes, please list issues here. (Use the back of this page if needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **Emergency Contact** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Waiver and Hold Harmless Agreement**

I am fully aware of the risks and hazards connected with the visiting and possible handling of equines, and I voluntarily assume full responsibility for risks taken by me, and/or my dependents, when visiting this farm. I voluntarily assume full responsibility for any risks of property damage, or personal injury, including death, or damage to any personal property owned by me, and/or my dependents, that may be sustained by me and/or my dependents as a result of my/our visit to this farm.

I further hereby agree to indemnify and hold harmless the owners of this farm for any reason whatever during my/our visit to this farm.

It is my express intent that this release/agreement shall bind myself, the members of my family and my spouse if I am alive, and my heirs, assigns, and personal representative if I am deceased, and shall be deemed as an agreement to release, waive, discharge, covenant not to sue, and indemnify the so-named property owners. My signature below confirms my acceptance of this waiver and hold harmless agreement.

\_\_\_\_\_  
Signature of Participant or Guardian

\_\_\_\_\_  
Date

**PHOTO RELEASE**

At Northern Pathways Equine Center, we may photograph participants during their visit. We use these photos in our social media platforms (Facebook, our website, etc.) for publicity, and to keep people updated on our activities. By checking Yes and signing below, you agree that **Northern Pathways Equine Center**, its representatives, and its employees have the right to take photographs of the participant, use them on our social media or in print, copyright any images, and publish them as needed.

I authorize **Northern Pathways Equine Center**, its assigns, and its transferees the ability to copyright, use, and publish, in print and/or electronically, any photos or videos taken of this participant while participant is engaged in activities at or sponsored by the farm. I agree that **Northern Pathways Equine Center** may use such photographs or videos of participant, with or without participant's name, for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

YES \_\_\_ NO \_\_\_

**I have read and understand both the Liability Release and the Photo Release.**

YES \_\_\_ NO \_\_\_

\_\_\_\_\_  
Signature of Participant or Guardian:

\_\_\_\_\_  
Date