

# EQUINE (HORSEBACK RIDING) ACTIVITY WAIVER/RELEASE

*Required for all Trail Ride participants*

I, \_\_\_\_\_ (adult or parent/guardian), am 18 years of age or older and wish to ride horses  
 I am the parent, guardian, custodian or other legal representative of \_\_\_\_\_, a minor, age \_\_\_\_\_ who wishes to ride horses.

*If both parent and child are riding, check both boxes above.*

I acknowledge that YMCA Camp Willson is sponsoring equine activities (riding or otherwise handling horses, ponies, mules or donkeys whether from the ground or mounted), at YMCA Camp Willson in which I wish; and/or I wish (child's name) \_\_\_\_\_ to participate. I recognize and acknowledge that my participation in such activities and any other activities which may include equine activities, involves the possibility of inherent risks including, but not limited to, the following:

The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;  
The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;  
Hazards, including, but not limited to, surface or subsurface conditions;  
A collision with another equine, another animal, a person, or an object;  
The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failure to act within the ability of the participant.

With full knowledge of the above and any other inherent risks which may be associated with equine activities, I hereby consent to my participation in the above described activities and waive any and all claims for tort or civil actions of any kind which I or my heirs, personal representatives and next of kin may have or which may arise against YMCA Camp Willson as a result of my participation in such equine activities. On behalf of myself, my heirs, personal representatives and next of kin, I hereby release and discharge YMCA Camp Willson, its successors, assigns, affiliates, directors, officers, employees, and agents from any and all liabilities, claims, lawsuits, losses, costs, causes of action and damages of any kind originating or in any way arising from, my participation in such equine activities.

Without limitation, or obligation, any and all media, including photographs, film footage, or tape recordings, which may include my image or voice for purposes of art, advertising, education, or promotion, or for any other purpose consistent with the YMCA Mission, and release the YMCA from any claim or liability to that use. The images become the exclusive property of the YMCA. I waive all rights to inspect and/or approve any text that may be used in conjunction with the media and the use to which it may be applied.

I understand this Waiver and Release shall be valid for one year from the date below my signature, unless revoked in writing by me by notice to:

YMCA Camp Willson  2732 County Road 11  Bellefontaine, OH 43311-9382

**I HEREBY DECLARE THAT THE TERMS OF THIS WAIVER AND RELEASE HAVE BEEN COMPLETELY READ, ARE FULLY UNDERSTOOD AND ARE VOLUNTARILY ACCEPTED FOR THE PURPOSES OF MY PARTICIPATION IN THE ACTIVITIES DESCRIBED HEREIN.**

Printed Name of Rider	Printed Parent Name if applicable	Today's Date
Parent or adult participant signature (must be signed in ink)		Address

## Challenge Course Facility Assumption of Risk and Release of Liability (Zip Line & Giant Swing)

I understand that my / my child's participation in programs offered by YMCA Camp Willson is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use engaging, teaching techniques, but that my participation is purely voluntary. At all times I/my child will choose my level of participation in any activity.

I understand that climbing, high ropes course, ground initiatives, and other activities in the program for which I/my child have enrolled, entails certain risks. Those risks can include increased heart rate, blood pressure, strained or sprained muscles, fractured bones, partial or complete paralysis, heart attacks, psychological injury, death, or any possibility of other serious injuries. **I elect to participate/have my child participate in spite of these risks.**

**Therefore, for myself / my child, I knowingly and voluntarily assume all risks involved in my /his/her participation, and do hereby release YMCA of Central OH, Camp Willson and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs, and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program, regardless of the cause. Should I/my child be injured during this training, I hereby authorize any medical care that is deemed in my best interest.**

**I furthermore agree to follow the YMCA's safety and facilitation techniques as taught and illustrated during the facilitation training in which I am a participant. I understand that if I vary from these techniques that I may be liable in the event of injury, physical, emotional or otherwise. This portion of the agreement shall be in effect from this day forward.**

My child and/or I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program. I have informed YMCA Camp Willson trainers in writing on the reverse of this form of any relevant medical conditions that could affect my participation in this program. I am signing this form of my own free will and I am not under duress to sign this form.

Signature of Participant (required)	Date	Age	Printed Name of Participant
If under 18, Signature of Parent/Guardian	Date		Printed Name of Parent