## HOPE REMAINS **②** YOUTH RANCH PARTICIPANT RELEASE AND CONSENT FORM

		.6 16. 199
do hereby agree that I am aware that these a the South Carolina Equine Act limiting equinounderstand this Act.		by equine sponsors and are subject to
	Carolina law, an equine activity sponsor of participant in an equine activity resulting f ticle 7, Chapter 9 of Title 47, Code of Laws	from an inherent risk of
<b>NOTICE:</b> This is an Equine Facility. All activiti Annotated 47-9-7. By your presence on these from inherent risks of equine activities. I agre and any other portions of the property or fachold the Equine Sponsors consisting of the uninjured in any way while on their respective p	e grounds you have indicated that you have a se that my use of the Trail system, Training A ilities will be an Equestrian Activity as previon ndersigned sponsor and all individual proper	accepted the limits of liability resulting Arena, Barn, Horses, Farm Equipment, ously described. Accordingly, I agree to
Use of the Equestrian Trail System and Equesthe user only and shall be at the user's own riany of these facilities sign this hold-harmless assumption of risk, (c) agrees to hold harmles liability that may occur as a result of their use	sk. The Owners/Hope Remains Youth Ranch form that (a) acknowledges having read the ss and indemnify the Property Owners/Hope	shall require that anyone who uses SC Equine Act, (b) acknowledges
Participant [Print]:	Participant Signature:	Date:
*if participant	is under 18 years of age, guardian must sig	gn below
Guardian [Print]:	Guardian Signature:	Date:
Insurance Name and Phone number:		()
Emergency Contact Name [Print]:		()
Emergency Contact Name [Print]:		()
DECLARATION OF FIT	NESS TO RIDE AND/OR PARTICIPATE IN EQU	JINE ACTIVITIES
I hereby declare that I am physically fit. I do n may lead to a dangerous situation with regar etc): Epilepsy, fits, severe head injury, recurre pressure, lung or heart disease, recurrent we addiction, recent back injury, arthritis and second other glandular disorder, recent blood donation	d to other persons or myself during any equi ent blackouts or giddiness, disease of the bra akness or dislocation of any limb, diabetes, r vere joint sprains, chronic bronchitis, asthma	ine activities (riding, equine therapy, ain or nervous system, high blood mental illness, drug or alcohol a, rheumatic fever, thyroid adrenal or
I hereby declare that I have no physical or me activities; that I am not participating against doctor as having a terminal illness.		
I further declare that in the event that I feel il any kind during the course of equine activitie insured) immediately and before moving awa	s, I will notify the instructor/guide/employee	
I have read the above Dec	clarations, understand them, and I agree to	be bound by them.
Participant [Print]:	Participant Signature:	Date:
*if participant	is under 18 years of age, guardian must sig	gn below
Guardian [Print]:	Guardian Signature:	Date:
(	CONSENT FOR GROUP PARTICIPATION	
I agree to participate/ allow my chi	ld to participate in group equine therapy at	Hope Remains Youth Ranch.
Participant [Print]:	Participant Signature:	Date:
Guardian [Print]:	Guardian Signature:	Date: