



**HORSES for  
HANDICAPPED**  
hfhinfo@horsesforhandicappedms.com

To: All HFH Participants  
Re: Horses for Handicapped Event

## Participant Release of Liability/Photo Release

I, \_\_\_\_\_ in consideration of my participation in any and all events associated with Horses for Handicapped INC., (HFH) waive, release HFH and their representatives, officers, accidents, or acts of negligence or gross negligence by anyone, including the Released and Indemnified Parties. Directors, volunteers and agents, heirs, executors, and assigns (collectively the "Released and Indemnified Parties") from any present and future claims of liability for injury or illness to myself arising out of my participation at HFH. This is binding upon my executors, heirs, and assigns. I understand that HFH assumes no liability for such accidents or acts of negligence or gross negligence by anyone, including the Released and Indemnified Parties.

I agree and understand that any equine/farm activity involves specific risks of personal injury or property damage arising from approaching, handling, mounting, riding, and dismounting a horse and from observing or participating in equine/farm activities.

### WARNING

UNDER MISSISSIPPI LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES, PURSUANT TO THE OFFICIAL CODE OF MISSISSIPPI ANNOTATED.

I acknowledge that I have carefully read this agreement and Release of Liability, know and understand its contents, and voluntarily sign my name evidencing my acceptance of the above provisions. (18 AND OVER SIGN BELOW).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### IF UNDER 18 A LEGAL GUARDIAN/PARENT MUST SIGN BELOW ON YOUR BEHALF

I represent to HFH that I am the parent or guardian of the Participant. On behalf of that Participant, I agree and accept all provisions of the foregoing Volunteer Release of Liability. I am authorized to sign this release on behalf of the Participant and my doing so legally binds the Participant as if he/she were not a minor.

Signed (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

PHOTOGRAPHIC RELEASE. I agree/disagree (circle on) that the image of \_\_\_\_\_ may be used by Horses for Handicapped for editorial and promotional purposes, such as newspaper and magazine articles, brochures and television news coverage of HFH events.

Signed (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

If the Parent/Guardian does not wish their HFH participants image to be used, the school needs to hang a red tag around the participants' neck. It is the school's responsibility to ensure that all HFH participants complete a liability/ photo release form.