



565 Trexler Loop • Salisbury, NC 28144 • (704) 638-2339 • www.savinggracefarm.com

Horsemanship Merit Badge Application

GENERAL INFORMATION

Participant: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Parent/Legal Guardian: _____

Address (if different from above): _____

Email: _____ Phone: _____

PHOTO/VIDEO RELEASE

DO

DO NOT

consent to and authorize the use and reproduction by Chandelle Farms of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program. I understand that upon consent the material will only be used in a respectful manner and only by the center named above.

Signature: _____ Date: _____

Client, Parent or Legal Guardian



Liability Release Form



SCOUT NAME: _____ AGE: _____

Address: _____ City: _____ State: _____ Zip: _____

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I UNDERSTAND THAT Chandelle Farms and Saving Grace Therapeutic Programs (SGTP) are in an outdoor location in nature with various hazards including, but not limited to: ponds, ditches, steep inclines, animals, insects, poison oak/ivy, snakes, etc. and that there are inherent risks always present in such a location. Knowing these risks, I will be responsible for myself, my children and our own safety.
- B. I UNDERSTAND THAT horseback riding and horse activities are classified as a rugged recreational sport activity, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. I further understand that no horse is completely predictable, and that even well trained horses can become frightened and spook, may divert from its training and act according to its natural survival instincts which may include, but are not limited to: sudden stopping, stopping short, changing directions or speed at will, shifting its weight, bucking, rearing, kicking, biting, or running from danger.
- C. I UNDERSTAND THAT Chandelle Farms or SGTP are not responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. Some examples are: Thunder, lightning, rain, wind, water, wild or domestic animals, insects, and reptiles.
- D. I UNDERSTAND THAT participants must not carry loose items around horses which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. Some examples are cameras, hats not securely fastened under chin, toys. Riders should not make sharp, loud noises, such as screaming or yelling, which may scare a horse.
- E. I AGREE THAT should emergency medical treatment be required, I and/or my own accidental/medical insurance company **shall pay for all** such incurred expenses. My accidental/medical insurance company is _____ and my policy number is _____ (optional).
- F. I UNDERSTAND THAT all riders must wear protective headgear.
- G. **I AGREE THAT** pursuant to the General Statutes of North Carolina, Chapter 99E, Special Liability Provisions, Article 1, Equine Liability Activity Liability, and under the terms set forth herein, I, the participant (or parent if under 18), and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge Chandelle Farms or SGTP, their owners, agents, employees, volunteers, officers, directors and all others acting on their behalf, of and, from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to Chandelle Farms or SGTP's and their associates ordinary negligence, and I do further agree that except in the event of Chandelle Farms' or SGTP's gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against this stable and its associates as stated above in this clause, or any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and /or my minor child and/or legal ward in relation to the premises and operations of this control of Chandelle Farms or SGTP, whether on or off the premises of this stable.

WARNING

Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.

I/WE, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE, AND ASSUMPTION OF RISK.

Signature of Participant if over 18 (Parent/Guardian if under 18)

Date

Home Phone Business Phone Mobile Phone Email address



Authorization for Emergency Medical Treatment Form

Name: _____ DOB: _____ Phone: _____ - _____
 Address: _____
 Physician's Name: _____ Preferred Medical Facility: _____
 Health Insurance Company: _____ Policy #: _____
 Allergies to medications: _____
 Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____
 Name: _____ Relation: _____ Phone: _____
 Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Saving Grace Farm to:

1. Secure and retain medical treatment and transportation if needed. (i.e. providing First Aid or for major concerns callings 911)
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

- Parent or legal guardian will remain on site at all times during equine assisted activities
 In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian