

Girl Scouts of Northern Illinois
Permission, Waiver and Release of Liability for Horseback Riding Activities

- *This two page form is a waiver and release of liability contract between Girl Scouts of Northern Illinois and the participants. Please read it carefully.*
- *This two page form must be read and signed by the parent or legal guardian of the participant in order for the participant to participate in the activity listed. The form is to be turned in to the troop leader or he/her designee.*
- *Participants must be old enough to understand the safety procedures so as not to endanger themselves or others.*
- *Horseback Riding is not permitted for Girl Scout Daisies.*

Participant Name _____ Age _____ GS Level _____

Address _____ Zip _____

Parent Name _____ Phone _____

Email Address _____

Emergency Contact _____ Phone _____

Participation Date(s) _____ Year _____

Please list any allergies the participant has (food, nature, medications, etc.). _____

Please list any restrictions of participant that we should be aware of as she participates in this activity. _

Please list any medications the participant will have with her. _____

NAME OF GSNI APPROVED HORSEBACK RIDING STABLE _____

Activity: These facilities are **NOT** owned or operated by Girl Scouts of Northern Illinois.

Clothing - Participants **MUST** follow the clothing guidelines:

- Long pants and appropriate protective clothing must be worn.
- Clothing must be snug to prevent becoming tangled with the saddle.
- Jewelry must not be worn.
- Boots or shoes with at least a half-inch heel must be worn to prevent feet from sliding through the stirrups.
- If tapaderos (a covering across the front of the stirrups that hold in the feet) are used, then athletic shoes with ties and non-skid soles may be worn.
- Riders may not ride in hiking boots with lug soles, tennis shoes, sandals or barefoot.
- Riders may wear well-fitting gloves to protect hands from blisters, rope burns and cuts.
- **Protective headgear with a properly-fitting safety harness that meets the American Society for Testing and Materials (ASTM) F-1163-88 requirements, displaying the Safety Equipment Institute (ESI) seal, must be worn by girls and adults when around horse, whether mounted or not.**

Additional Activity Information, if any: _____

I acknowledge that this Horseback Riding Activity is a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, acts of God, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, facilitators, volunteers and spectators. These risks are not only inherent to the participants, but also present for volunteers. I hereby assume all of the risks of participating and/or volunteering in this activity. I realize that liability may arise from negligence or carelessness on the part of the person or entities being release, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically and mentally fit to participate in this Horseback Riding activity. I acknowledge that this Permission, Waiver and Release of Liability for Horseback Riding Activities will be used by Girl Scout staff, activity facilitators or their assignees of the activity and it will govern my daughter's actions and responsibilities at the activity. I acknowledge that I must follow the directions and safety rules of the activity and the activity may be cancelled if I do not follow the safety instructions and policies or if my behavior endangers myself or the group.

In consideration of my participation in this program, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this program, THE FOLLOWING ENTITIES OR PERSONS: _____; their directors, officers, employees, volunteers, facilitators, representative, and agents. (B) Indemnify and Hold Harmless, and Agree Not To Sue the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this program, whether caused by the negligence of releases or otherwise. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this program.

The Permission, Waiver and Release of Liability for Horseback Riding Activities shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I acknowledge that this Accident Waiver and Release of Liability form will be used by the persons or entities being release in the activity listed above and that it will govern my actions and responsibilities in said activity.

I hereby certify that I have read this document; the GSUSA Horseback Riding Safety Activity Checkpoint; and, I, understand its content. I am aware that this is a release of liability as well as a contract and I sign it of my own free will.

_____	_____	_____	_____
Print Participant's Name	Age	Signature (if under 18 years old, Parent/Guardian must also sign)	Date

Parent/Guardian Waiver for Minors (Under 18 years old)

I give permission for my daughter to participate in this Horseback Riding activity. I understand that there are inherent risks of injury or disability in this activity. I further understand that my daughter must follow the directions and safety rules of the activity. I have reviewed the GSUSA Horseback Riding Safety Activity Checkpoint. I also understand that the activity may be cancelled if my daughter does not follow safety instructions and policies and/or my daughter's behavior endangers herself or the group.

The undersigned parent and/or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and is fully responsible and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

_____	_____	_____	_____
Print Participant's Name	Age	Signature of Parent/Guardian	Date

If you have any questions, please contact _____

For girls not currently registered as Girl Scouts: I understand my daughter is not covered by Girl Scouts of the USA Activity Insurance, but she has my permission to participate in this activity.

Yes ___ No ___ Date _____ Signature of Parent _____