Photo and Liability Release Form

Participant Information:

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Email: _____

Photo Release

I hereby grant Horse Brain Science Clinic (hereinafter referred to as "the Clinic") permission to use my likeness in photographs, videos, or other media taken during my participation in the Clinic's events or activities. These materials may be used for promotional, educational, or informational purposes in print or online media without compensation.

I understand and agree that:

1. My name or identity may be used in connection with these images.
2. The materials may be edited, copied, exhibited, published, or distributed as deemed appropriate by the Clinic.
3. This consent is given in perpetuity and does not require prior approval by me for each use.

Consent:

☐ I consent to the use of my likeness as described above.
☐ I do NOT consent to the use of my likeness, and I request that any photographs or recordings of me not be used for any purpose.

Participant Signature: _____ Date: _____
Parent/Guardian Signature (if under 18): _____

Liability Release

I acknowledge that my participation in activities involving horses carries inherent risks, including but not limited to:

- Injuries caused by unpredictable animal behavior.
- Slips, trips, or falls while handling or riding horses.
- Environmental hazards such as uneven terrain, weather conditions, and natural obstacles.

By signing this form, I voluntarily assume all risks associated with my participation in the Clinic's activities. I agree to release and hold harmless the Clinic, its staff, volunteers, affiliates, and property owners from any and all liability, claims, demands, or causes of action arising from injuries, damages, or losses sustained during my participation, regardless of whether such injuries or losses are caused by negligence.

Agreement:

1. I confirm that I am physically capable and have no medical condition that would prevent safe participation.
2. I agree to follow all instructions and safety guidelines provided by the Clinic's staff.
3. If signing on behalf of a minor, I certify that I am the legal guardian and assume full responsibility for their participation.

Participant Signature: _____ Date: _____
Parent/Guardian Signature (if under 18): _____

Emergency Contact Information

Name: _____

Phone: _____

Relationship: _____

Clinic Use Only: Staff Witness Name: _____

Staff Witness Signature: _____ Date: _____