



Five Rivers MetroParks Confidential Participant Risk/Release Form

Five Rivers MetroParks • 8111 E. Shull Road • Huber Heights OH 45424 * (937) 274-3120



GUIDELINES

- Show proper courtesy and respect for others and horses at all times.
- FRMP staff members and/or volunteers are designated to direct traffic flow and monitor safe riding habits. They are your safety authority; please respect their decisions as final.
- Helmets and long pants must be worn when riding, as well as protective, close-toed shoes.
- In case of inclement weather, please follow instructions of the designated FRMP personnel; for example, whether or not an activity will continue.
- In its response to COVID-19, staff and participants will abide by recommendations from the Ohio Department of Health, Montgomery County Health Department and CDC to maintain social distancing and wear face coverings while participating in riding programs.

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE (DAY) _____

PHONE (EVE) _____

EMAIL _____

Risk Waiver & Release PLEASE READ CAREFULLY

I/We understand that horseback riding is an inherently dangerous activity and that danger is always present in such an activity despite all safety precautions.

Under Ohio law, horseback riding is deemed to carry inherent and unavoidable risks with it, and Five Rivers MetroParks is immune from liability for injuries and damages arising from those inherent risks. According to the Ohio Revised Code Section 2305.321, the inherent risks of horseback riding include, but are not limited to: “ (a) The propensity of an equine [i.e., the horse] to behave in ways that may result in injury, death, or loss to persons on or around the equine; (b) The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; (c) Hazards, including, but not limited to, surface or subsurface conditions; (d) A collision with another equine, another animal, a person, or an object; (e) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.”

I understand that if I have questions about these risks, I have the opportunity to ask those questions before signing this Risk Waiver & Release. By signing this Risk Waiver & Release, I fully accept these risks.

I further understand that, upon mounting a horse and taking up the reins, the rider is the primary control of the horse. If the rider falls from a horse to the ground, the rider will fall from 3.5 to 5 feet, possibly resulting in injury, disability, or even death to the rider. I understand this risk, and by signing this Risk Waiver & Release, I fully accept such risk.

In exchange for permission to participate in Five Rivers MetroParks programs, specifically including horseback riding, and in addition to any payment made to Five Rivers MetroParks, on behalf of myself (and my child/ward) I agree to, and do hereby waive any and all claims against; and fully release, hold harmless, and indemnify, the Board of Park Commissioners of Five Rivers MetroParks, its directors, officers, employees, agents, and volunteers from any and all claims related to any illness, injury (including loss of life), property damage, or any other loss which I (or my child/ward) may sustain arising out of, or in any way related to my (or my child's/ward's) participation in Five Rivers MetroParks' programs.

Consent to Treat:

In the event of injury or illness, I authorize (on behalf of myself or my child/ward) Five Rivers MetroParks to obtain first aid and/or medical treatment at the nearest and most adequate facility of Five Rivers MetroParks' choice. This release is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances for myself, or in my absence, for the minor child/ward listed.

Photo Release:

I authorize Five Rivers MetroParks to publish, in print, electronic, or video format, the likeness or image of myself or my child/ward, without limitation.

I have read and understand all of the above information and have received a copy of the rules and regulations.

Signature: _____

Date: _____

(If participant is a minor, the parent(s)/guardian(s) must sign.)

Print Name: _____ Relationship to participant if under 18: _____

In case of emergency contact:

NAME _____

PHONE (DAY) _____

PHONE (EVE) _____



Carriage Hill MetroPark Riding Center
Emergency Medical Form

Rider's Name: _____ Birth date: _____

Rider's Nickname (if they have one): _____

Parent/Guardian (if under 18) _____

Rider's Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Who will be picking up the student after camp/lessons? _____

Please describe any medical conditions you feel we should be aware of: _____

Does the rider have any special conditions or limitations the staff should be aware of?

Additional Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

*If student is under 18 years of age, parent or guardian must sign emergency medical form.

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Photo Release

I hereby consent to and authorize the use and reproduction by Five Rivers MetroParks of any and all photographs and other audiovisual materials taken of me/my son/my daughter/my ward) for promotional printed material, educational activities or for any other use for the benefit of the program.

Parent/Guardian/Student's Signature: _____ Date: _____