**RIVER’S EDGE HAVEN OF HOPE**

1 Haldimand Road 17, Dunnville Ont N1A 2W4

[www.riversedge.ca](http://www.riversedge.ca/) 289-426-0481 - info@riversedge.ca

\*\*Participants are required to wait/stay in their vehicles until 5 minutes prior to their session time, at which time your Mentor will come and get you.

All employees, mentors, board members, volunteers, officers, contract professionals and contract laborers are herein after known as "THIS FARM".

**THIS FARM DOES NOT GUARANTEE YOUR SAFETY.**

PARTICIPANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth MM/DD/YYYY: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

PARENT / LEGAL GUARDIAN NAME (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A Parent / Legal Guardian Must Initial Below for Each Paragraph:**

1) \_\_\_\_\_ REGISTRATION OF PARTICIPANTS AND AGREEMENT PURPOSE- In consideration of the signing of this agreement, I, the parent or legal guardian(s), do hereby voluntarily request and agree to the above named youth participating in activities at THIS FARM such as:

* Arts (crafts, drawing, painting, photography)
* Horsemanship
* Small animal care
* Wood Shop (supervised use of power tools)
* Auto Shop (supervised used of power tools)
* Fishing (proximity to water)
* Canoeing/Kayaking (proximity to water)
* Hiking
* Sports
* Bible Study
* Homework Help
* Group Activity Events

As a client (referred herein as a “PARTICIPANT”) at THIS FARM, the participant will be matched with a Mentor that has been screened and trained by THIS FARM. The activity options will be decided on by the participant and his/her Mentor and are for instructional/ educational/ recreational purposes only. Please make a note here of any program option(s) you would like the participant to be exempt from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_ AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS- This agreement shall be legally binding upon me, the registered participant, and the parents or legal guardian thereof. If a minor, my heirs, estate, assigns, including all minor children and personal representatives; and it shall be interpreted according to the laws of the province and county of THIS FARMS physical locations as noted above. If any clause, phrase, or word is in conflict with provincial law then that single part is null and void. The term "HORSE" herein shall refer to all equine species.

3) \_\_\_\_\_ NATURE OF THIS FARMS HORSES - I UNDERSTAND THAT: THIS FARM chooses its program horses for their calm dispositions and sound basic training as is required for use for BASIC HORSEMANSHIP and THIS FARM follows a rigid safety program. Yet, no horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a horse is frightened or provoked, it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short, changing directions or speed at will, shifting its weight, bucking, rearing, kicking, biting, or running from danger.

4) \_\_\_\_\_ CONDITIONS OF NATURE AND INSPECTION OF PREMISES - I UNDERSTAND THAT: THIS FARM is 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, snow sliding from a roof, wild and domestic animals, insects, reptiles, which may walk, run or fly near or bite and sting a horse or person; and irregular footing on groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made in landscape. The participant and parent or legal guardian have inspected THIS FARMS facility and are satisfied that all premise conditions are safe for participant's intended purpose, usage and presence upon THIS FARMS PREMISES.

5) \_\_\_\_\_ PHOTOGRAPHS, VIDEO PRODUCTIONS, AUDIO PRODUCTIONS, WEBSITE PRODUCTIONS AND TELECASTS · I AGREE THAT: River’s Edge requests the right to use any photo and/or film of me, that may be published in any River’s Edge publication/film/website or any other media item. I realize that any photo(s) and/or film taken will be used for promotional use only and will not be distributed beyond this use.

6) \_\_\_\_\_ SESSIONS AND PAYMENTS: I UNDERSTAND AND AGREE THAT: THIS FARM offers sessions on an individual basis and that sessions are offered free of charge. In cases of inclement weather, participant or Mentor cancellation, or other unforeseen occurrences, THIS FARM reserves the right to reschedule sessions at the participant and facilitators convenience. PARTICIPANTS not appearing for sessions, who do not contact THIS FARM may lose their place within the program.

7) \_\_\_\_\_ PARTICIPANTS UPON ARRIVAL ARE EXPECTED TO: Arrive in appropriate clothing as outlined in our dress code. Bare feet, sandals, slides, crocs are NOT ALLOWED during sessions while in direct contact with horses. Participants are also expected to exhibit proper conduct while on premises at THIS FARM including abiding by the Farm Rules, and to follow instructions given by employees, Mentors or volunteers of THIS FARM. THIS FARM will not accept dangerous, disrespectful or inappropriate behavior from parents, guardians, siblings or participants while on farm premises. If you have problems that need to be addressed, you are expected to do so with your Mentor or the program director in private. Failure to exhibit proper conduct and behavior will result in a forfeiture of your session and the possibility of immediate cancellation of services provided by THIS FARM.

8) \_\_\_\_\_ I understand that no one is allowed on the property that is under the influence of alcohol or recreational drugs. There is absolutely no smoking in or near barns or near the horses. Smoking may only take place in the designated smoking area. Failure to comply with the above noted rules by the participant or parent/guardian will result in the session being forfeited and all persons asked to leave the farm property.

9) \_\_\_\_\_ LIABILITY RELEASE- I AGREE THAT: In consideration of THIS FARM allowing my participation, under the terms set forth herein, I, the participant, or the parent or guardian thereof if a minor, do agree to hold harmless and release THIS FARM, its owners, instructors, facilitators, mentors, agents, employees, volunteers, board members, contract laborers, officers, members, premises owners, affiliated organizations, and insurers from legal liability due to THIS FARMS ordinary negligence, and I do further agree that except in the event of THIS FARMS gross and willful negligence, I shall bring no claims, demands, actions and causes of action and/or litigation against THIS FARM and ITS ASSOCIATES as stated above in this clause, for any economic and noneconomic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS FARM to include while riding, handling, participating in any equine session, or otherwise being near horses owned by or in the care, custody and control of THIS FARM.

**WARNING: THIS FARM IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

\*\*\* All Parents or Legal Guardians **must sign** below after reading this ENTIRE three page document\*\*\*

**SIGNER STATEMENT OF AWARENESS:**

**10) \_\_\_\_\_I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT'S PHYSICAL CONDITION, EXPERIENCE, RELATIONSHIP TO GUARDIAN/PARENT AND AGE, ARE TRUE AND ACCURATE.**

**11) \_\_\_\_\_ I/WE, THE UNDERSIGNED, UNDERSTAND THAT THIS MENTORING PROGRAM IS NOT A SUBSTITUTE FOR PROFESSIONAL COUNSELING. THERE ARE NO PROFESSIONAL COUNSELORS ON STAFF AT RIVER’S EDGE HAVEN OF HOPE.**

**12) \_\_\_\_\_ I/WE, THE UNDERSIGNED, UNDERSTAND THAT RIVER’S EDGE HAVEN OF HOPE IS A CHRISTIAN FAITH-BASED MINISTRY.**

DATE MM/DD/YYYY: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

NAME OF PARTICIPANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does Participant have any allergies?: N [ ] Y [ ] please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does Participant carry an EpiPen?: N [ ] Y [ ] If yes, please make sure facilitator knows where it is.

NAME OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF PARENT/LEGAL GUARDIAN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_