Release of Liability and Assumption of All Risks

I, _____, hereby acknowledge that I am aware that during the Horse/Workshop/Seminar program *presented by Donna Panucci, Blue Ray Chapel of Hope, Inc.,* I will be participating in certain risks and dangers that may arise. These include, but are not limited to, the hazards of walking in wooded areas with no clearly defined paths or walkways, of climbing hills, of being out-of-doors in unpredictable conditions amongst the forces of nature, and horses and of accident or illness in remote areas without means of rapid evacuation or medical facilities. I am also aware and clearly understand that the Horse Workshop/Seminar program *presented by Donna Panucci, Blue Ray Chapel of Hope, Inc. and its employees, contractors, and agents*, will have no liability regarding provision of medical care or the adequacy of any care that may be rendered.

I am voluntarily participating in these activities with knowledge of the dangers involved and hereby agree to accept any and all risks including injury and or death.

As lawful consideration for the Agreement with the Horse/Workshop/Seminar to participate in such trips and activities, I hereby agree that I will not make a claim against or sue for bodily injury, emotional trauma, death, and or property damage resulting from negligence of other acts, however caused, as a result of my participation in these programs. I therefore release and discharge *Donna Panucci, Blue Ray Chapel of Hope, Inc. and its employees, contractors, and agents,* from all claims, actions and demands of any nature whatsoever that I may (including claims for bodily harm, death, or property damage) arising from my participation in this program.

The release of Liability and Assumption of All Risks Agreement is also entered into on behalf of any minors accompanying me. This Agreement is binding on my heirs, legal representatives and assigns.

You have my permission to take and use pictures of me while attending: YES____ NO____

_____   _____

Signature of Participant or Parent of Minor   *Date*

_____

Printed Name of Minor Participant

_____   _____

Emergency Contact Person/Information   *Phone #*

Return of this signed release <u>is a prerequisite</u> for any participation in the above Horse/Workshop/Seminar program.