Insurance Waiver and Release of Liability

In consideration of being allowed to participate in any way in the Challenge New Mexico Therapeutic Riding Program, a Challenge New Mexico program, I and/or the minor participant, the undersigned:

- 1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe to the best of my ability that anything is unsafe, I and/or the minor participant will immediately advise Challenge New Mexico of such condition(s) and refuse to participate.
- 2. Acknowledge and fully understand that I, and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inaction's, or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
- 3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- 4. Acknowledge that wearing a helmet may help prevent serious head trauma and death that me be incurred in equine related injuries. Should I and/or the minor participant choose to forego wearing a helmet, I and/or the minor participant will assume all risks and hold all CNM personnel blameless in the case of an injury resulting from participation in equine related activities. Should I and/or the minor participant choose to provide my own helmet, I recognize that all helmets should be ASTM and SEI certified for equine activities, and if I use a helmet that is not properly certified for equine activities, I assume all risks to myself and/or the minor participant.

Please initial if you and/or the minor participant accept this risk and DO NOT want a helmet from CNM: _

- 5. Release, waive, discharge and covenant not to Challenge New Mexico, their representative administrators, directors, agents, staff, volunteers, other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the Challenge New Mexico Therapeutic Riding Program, all of which are hereinafter referred to as releases from demands, losses or damages to property, caused or alleged to be caused in whole or part by the negligence of the releases or otherwise.
- 6. In case of emergency, I give permission to Challenge New Mexico to secure medical treatment including x-ray, surgery, hospitalization and medication. (Please supply emergency medical information requested on program registration form.)
- 7. I consent to and authorize the use and reproduction by Challenge New Mexico of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, the CNM website, or for any other use for the benefit of Challenge New Mexico.

I/we have read the above waiver and release, understand that I/we have given up substantial rights by signing it, and sign it voluntarily.

Participants Name	Signature			Date
Address				
City		_State	Zip	
Phone (Primary)	(Secondary) _			
If participant is a minor, and/or has a legal guardia	n:			
Parent/Guardian's Name	Signature			Date
Parent/Guardian's Phone Number: (Primary)		(Secondary)		
2nd Parent/Guardian's Name	Signature			Date
2nd Parent/Guardian's Phone Number: (Primary)		(Secondary)		
Emergency Medical Information:				
Insurance		Doctor		
In case of emergency (or parent can not be reache	ed), call:			

List any allergies, health problems, or medications which you are currently taking on the back of this page: