

HorseFriends, Inc.
PO Box 10211
Greensboro, NC 27404
www.HorseFriendsNC.org



Release of Liability Agreement – Volunteer

I, (*volunteer or parent/legal guardian*) _____ for and in consideration of the agreement of HorseFriends, Inc. to provide the opportunity for horseback riding, ground work with horses, volunteer training, and as a volunteer _____ (*volunteer name*), do hereby forever release, acquit, discharge, and hold harmless HorseFriends, Inc. and Blue Ridge Companies, Inc. their officers, trustees, agents, employees, representatives, successors and assigns, for all manner of claims, demands, and damages of every kind and nature whatsoever, which the undersigned may now, or in the future, have against HorseFriends, Inc. and Blue Ridge Companies, Inc. their officers, trustees, agents, employees, representatives, successors or assigns on account of any personal, injuries, physical or mental condition, known or unknown, to the undersigned and the treatment therefore as a result of, or in any way growing out of, the acts of HorseFriends, Inc. and Blue Ridge Companies, Inc., their officers, trustees, agents, employees, representatives, successors or assigns, including but not limited to, their negligence or gross negligence, in rendering the services above described or in any way incidental thereto.

UNDER NORTH CAROLINA GENERAL STATUTES CHAPTER 99E, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

Signature of Volunteer or Parent/Legal Guardian

Date

Signature of Program Personnel

Date

Photo and Video Release

I hereby consent to and authorize the use and reproduction by HorseFriends, Inc. and Blue Ridge Companies, Inc. of any and all photographs, video, and any other audio/visual materials taken of me and my family for promotional printed and website materials, social media (including, but not limited to: Facebook, Instagram, Twitter, YouTube, Go Fund Me, etc.) educational activities, exhibitions, and any other use for the benefit of the program. I have the right to revoke this authorization. I must do so in writing to HorseFriends, Inc. Upon receipt of the letter, HorseFriends, Inc. will make all reasonable attempts to remove said materials from the aforementioned items.

Signature of Volunteer or Parent/Legal Guardian

Date