



Participant Name:	Organization (if applicable):	
Street :	Email:	
City:	State:	Zip Code
Home #	Cell #	Emergency contact and #
Medical conditions or physical limitations that would impact ability to participate:		
If Participant is under 18 years of age or has legal guardian, please complete the following:		
Parent/Guardian Name:	Participant Age:	Grade Level:

Consent and Waiver of Liability

I hereby request that the participant named above be accepted into the current activity/ workshop with **Catherine Mahon (DBA HHH)**. I acknowledge that I have been fully explained the scope of the program, including the potential for injury which can occur during activities with horses. I further understand that will all due caution taken, accidents with horses can and do happen. I agree to hold harmless and indemnify **Catherine Mahon**, its volunteers, employees, contract personnel, agents and third parties from any such unforeseeable circumstances and further release them from any liability or responsibility to include but not limited to accident, damage, injury or illness to the Participant or to any family member or spectator accompanying Participant on the premises. I agree to **Catherine Mahon** making health care decisions with respect to the Participant if the Undersigned Parent/Guardian is unavailable to obtain such information or to make such decisions. Should **Catherine Mahon** or anyone acting on the behalf of **Catherine Mahon** be required to incur attorney’s fees and cost to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. In the event I file a lawsuit against **Catherine Mahon**, I agree to do solely in Cowlitz County, Washington. **Waiver of Liability/Washington/Oregon Equine Activity Liability Act** Warning-Under the Washington/Oregon state equine activity liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from the inherent risk of the equine activity.

I have read and agree to the terms of this release. If participant has a legal guardian

_____ Date_____

(Catherine Mahon, Owner/Facilitator DBA Harmony and Healing with Horses)