



PARTICIPATION WAIVE LIABILITY RELEASE

Name of Participant _____

SAFETY ISSUE ACKNOWLEDGEMENT AND COMMITMENT: I understand and recognize that there are inherent risks, dangers and perils connected with the use of horses in general as well as in an Equine Facilitated Wellness & Learning controlled environment. Under these conditions, I realize Poppy's Haven and Haven's Equine Partnerships in Wellness & Learning efforts to thoroughly inform and continually maintain safety for all concerned. I will faithfully adhere to all safety instructions and recommendations provided by Poppy's Haven and Haven's Equine Partnerships in Wellness & Learning whether oral or written while on Poppy's Haven's premises.

I will further agree to use and care for all Poppy's Haven and Haven's Equine Partnerships in Wellness & Learning's animals as well as those in the care of Poppy's Haven and Haven's Equine Partnerships in Wellness & Learning to the best of my ability.

Date _____

Signature of Participant or legal guardian if participant is under 18 years of age

IN CONSIDERATION of Poppy's Haven and Haven's Equine Partnerships in Wellness & Learning permitting me to participate in the Equine Facilitated Wellness & Learning program, I FURTHER GIVE MY PERMISSION to Poppy's Haven and Haven's Equine Partnerships in Wellness & Learning, while attending the program, to take and use photographs at their discretion in as much as the reproductions are in good taste and respectfully displayed.

Date _____

Signature of Participant or legal guardian if participant is under 18 years of age

EMAIL ADDRESS: _____



YES! I would like to receive periodic emails with special offers and news updates from Poppy's Haven.