



**EQUINE (“Horse-Related”) PERMISSION SLIP / WAIVER**

I/We understand that campers will be transported in approved camp vehicles from Brethren Woods Camp and Retreat Center to Camp Horizons, a neighboring ACA accredited camp, to participate in an hour and a half horseback riding adventure. Drivers will be at least 21 years of age and have a valid driver’s license. At least two Brethren Woods staff members will accompany campers, at least one of whom will be certified in First-aid and CPR. I/We understand these conditions for transporting and supervising campers for this adventure experience.

I/We recognize that there are potential risks inherent in equine activities, including the propensity of an equine to behave in dangerous ways which may result in injury to the participant; and there is an inability to predict an equine’s reaction to sound, movements, objects, persons, or animals; and there is an inability to predict the hazards of the surface or the subsurface conditions. In accordance with the Virginia Equine Activity Liability Act, and knowing and recognizing these facts, I/we expressly assume all risk of injury or death to me or my minor child and, as an inducement for Brethren Woods to allow me to participate in this activity, I/We waive my/our rights to sue, maintain an action against, or recover from Brethren Woods Camp and Retreat Center and/or Camp Horizons, staff persons or other equine professionals thereof, for any injury, disability, or death due to any cause whatsoever, arising from my participation in this activity, including the transportation thereto and therefrom. Furthermore, I agree to indemnify and hold harmless all of the foregoing from any claims which I might make or which might be made on my behalf by others arising from my participation in such activity.

I/We also recognize that any existing medical allergies may be exacerbated by an equine and no refund will be given for medical allergies that render me unable to ride.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

I am the parent or guardian of the minor listed above, and on the child’s behalf and on behalf of me and all other parents or guardians of the child, I consent to this child participating in horseback riding activities and I hereby accept the above release and waiver of liability as inducement for allowing the child to participate in the above-described activity. I further authorize any emergency medical care which may be necessary. I represent that I have the authority to give this release.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date