



YMCA CAMP TIPPECANOE HORSE WAIVER

HORSE BARN WAIVER OF LIABILITY AND LEGAL RELEASE

I, _____, acknowledge and accept that horseback riding and activities related thereto, involve the risk of personal injury. By my signature, (and, in case of a minor, the parent’s or guardian’s signature), they and I, thereby expressly release, discharge and hold harmless from liability whatsoever the YMCA, the various branches, and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including but not limited to, the Board of Trustees of the YMCA (except for injuries caused intentionally or by willful misconduct) for any injury, liability or damages which may occur while riding any horse, whether leased or owned by me or by any other person, or for any injury or damages which may occur while participating in any activity related to horseback riding. I agree to indemnify, defend and hold harmless the YMCA of Central Stark County or any person or entity whose land a horseback ride crosses, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand that horseback riding always involves danger and I ride at my own risk.

I understand that horseback riding involves being in remote areas for extended periods of time, far from communications, transportation, and medical facilities; that these areas have many natural and man-made hazards which horseback riders cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time. I further understand that horseback riding involves such things as crossing creeks, galloping over uneven terrain, and being in strange places under adverse weather conditions which could result in injury to myself and the horse I am riding. I acknowledge that accidental injuries have occurred in the past involving horses owned by or stabled by YMCA Camp Tippecanoe.

I agree to take full responsibility for myself and the animal I am riding. I am aware that wearing a certified safety helmet is a good preventive measure against head injury, and further understand that helmets are required for all riders. My signature below constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release.

MEDICAL RELEASE

I further agree to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of my injury or illness. I likewise agree to allow and be financially responsible for any necessary veterinary treatment for the horse that I ride*. (*Only viable for horses ridden off premises or not under the supervision of ranch wranglers).

Signature _____ Date _____

FORMS SHOULD BE COMPLETED TWO WEEKS PRIOR TO ARRIVAL AT CAMP AND RETURNED TO THE CAMP BUSINESS OFFICE AT THE NORTH CANTON YMCA, ATTN: CAMP TIPPECANOE, 200 S MAIN ST, NORTH CANTON, OH 44720