



2020 EQUINE EVENT PARTICIPATION WAIVER

Rider Name: _____

Address: _____

Phone Number: _____

Email: _____

Horse Name: _____

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR PARTICIPATION IN EQUINE ACTIVITIES WITH THE HUMANE SOCIETY OF GREATER ROCHESTER AT LOLLYPOP FARM INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF NEGLIGENCE. LOLLYPOP FARM EMPLOYEES ARE NOT TO BE HELD LIABLE FOR ANY DAMAGES TO PERSON OR PROPERTY OR ACCIDENTS DURING THE EVENT.

COVID-19 WARNING

WE HAVE TAKEN ENHANCED HEALTH AND SAFETY MEASURES—FOR YOU, OUR OTHER GUESTS, AND STAFF MEMBERS. YOU MUST FOLLOW ALL POSTED INSTRUCTIONS WHILE VISITING LOLLYPOP FARM. YOU WILL BE REQUIRED TO WEAR A MASK, AND ANSWER A HEALTH SURVEY PRIOR TO PARTICIPATING IN THE CLINIC.

AN INHERENT RISK OF EXPOSURE TO COVID-19 EXISTS IN ANY PUBLIC PLACE WHERE PEOPLE ARE PRESENT. COVID-19 IS AN EXTREMELY CONTAGIOUS DISEASE THAT CAN LEAD TO SEVERE ILLNESS AND DEATH. ACCORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION, SENIOR CITIZENS AND GUESTS WITH UNDERLYING MEDICAL CONDITIONS ARE ESPECIALLY VULNERABLE. BY COMPLETING YOUR REGISTRATION AND VISITING LOLLYPOP FARM YOU VOLUNTARILY ASSUME ALL RISKS RELATED TO EXPOSURE TO COVID-19, AND AGREE TO FOLLOW ALL WRITTEN GUIDELINES, OR INSTRUCTIONS COMMUNICATED BY STAFF MEMBERS.

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.



Lollypop Farm

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and being around horses, and will not hold The Humane Society of Greater Rochester liable.

PRINTED NAME: _____ DATE: _____

SIGNED NAME: _____ DATE: _____

FOR STAFF USE AT CHECK-IN:

- Participant is 18 years of age or older or accompanied by Parent or Guardian
- 2019/2020 Coggins
- 2020 Rabies
- ATSM/SEI Helmet
- Mask
- Completed Health Survey