



GREAT AND SMALL REGISTRATION & RELEASE



PLEASE COMPLETE FRONT AND BACK

Name: _____ Home #: _____ Cell #: _____ DOB: _____
 Address: _____ Town: _____ zip _____
 Email: _____
 In case of Emergency, contact: (Parent if minor) _____ Phone: _____
 Please indicate any medical conditions or medications we should be aware of in the event of an emergency: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize Great and Small to: Secure and retain medical treatment and transportation, if needed and release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Date: _____ **Consent Signature:** _____
If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.

PHOTO VIDEO & PUBLICITY RELEASE

Great and Small takes the privacy of our participants, their families, volunteers, visitors and staff seriously. At the same time, we value the use of real images and videos in the promotional and reporting activities which enable us to provide subsidized therapeutic activities.

By engaging in activities at Great and Small, I authorize Great and Small, a private, non-profit corporation, and its agents, volunteers and employees to photograph/video me while volunteering/participating in the activities at Great and Small. I understand that these photographs/videos may be used in Great and Small's promotional materials, electronic and print publications, and other uses of benefit to the program.

Consent Do Not Consent

Date: _____ **Signature:** _____
If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.

CONFIDENTIALITY POLICY: At Great and Small, we place great importance on protecting the confidential information of our clients, our staff and our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc., as well as the non-public business records of Great and Small. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose Confidential Information to anyone other than Great and Small staff. Volunteers must seek staff permission before taking any pictures or videos. I have read and understand the Great and Small Confidentiality Policy and agree to abide by same.

Date: _____ **Signature:** _____
If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.

LIABILITY RELEASE: The undersigned, in consideration for the right to participate in Horseback Riding Activities at Great and Small, Inc., located at 17320 Moore Road, Boyds, MD 20841 (“Great and Small”), does hereby execute this Agreement for Release, Waiver of Liability and Indemnification Commitment (“Agreement”), and represents and agrees as follows:

1. I fully understand that horse riding activities are by their nature very dangerous activities. Horseback riding is classified as a rugged adventure recreational sport activity and there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. The term “Horseback Riding Activities” as used herein includes all riding and handling of horses, ponies, mules, or donkeys, whether mounted or on the ground, including but not limited to giving or taking lessons, working in any way with horses, viewing or volunteering as well as all activities associated with boarding one’s horse at Great and Small.
2. I understand that in any Horseback Riding Activity I and/or my horse may be injured as a result of my negligence, the negligence of others, or due to fault of no one, and that horses, even when well trained, can be unpredictable and difficult to control.
3. I understand that, upon mounting a horse, the rider is in primary control of the horse. I shall be responsible for the safety, of myself, my horse and other persons and their property, and I will take all reasonable precautions to protect against injury when participating in any Horseback Riding Activities.
4. I agree to wear American Society for Testing & Materials/Safety Equipment Institute Approved (“ASTM/SEI”) protective headgear and other appropriate riding gear when riding at any Horseback Riding Activity.
5. By my signature below, I, and my assigns and successors, including my insurers, release, exculpate and agree to indemnify and defend all officers, directors, owners, agents, employees and representatives of any type of Great and Small, (each collectively a “Release”) be against any claim of loss, injury, damage or other harm, of any nature, to the fullest extent permissible by applicable law, to myself, my horse and to third parties as a result of my horse.
6. I, and my assigns and successors, including my insurers, shall bring no claim, demand, action or litigation, of any nature, against any Releasee for any economic or non- economic loss due to bodily injury, death, or property damage sustained by me and/or my minor child associated with any Horseback Riding Activities at Great and Small.
7. This agreement constitutes the entire agreement between the parties regarding this matter and may be modified only by written instrument, executed by both parties. It shall be legally binding upon each of the signatories below. It shall be interpreted according to the laws of the state of Maryland, without any consideration who drafted the Agreement. Any disputes regarding this Agreement shall be resolved in a court in Montgomery County, Maryland. If any provision of this Agreement shall be deemed to be invalid or unenforceable, the remaining provisions shall remain effective to the maximum extent permissible by law. The signatories hereto both waive any right that they may otherwise have to have a trial by jury in the event of any dispute involving this Agreement.
8. I agree to pay reasonable attorneys fees, in addition to other damages, should I or my assigns and successors, including my insurers, breach any part of this Agreement in any way.
9. I have assessed the facilities of Great and Small, Inc. and find them to be acceptable for Horseback Riding Activity. I understand and agree that neither Great and Small nor Great and Small Owners is obligated to maintain the property under this Agreement in any manner.
10. I acknowledge and accept that some of the persons served by, or visiting, Great and Small may have behavioral problems or cognitive or physical limitations that may lead to, or increase, the possibility of injury to persons or property, and I knowingly assume all such risks.

Date: _____ **Signature:** _____
If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.

<p>Office Use Only</p> <p>iContact add _____</p> <p>_____</p>
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