

ACCEPTING ELLIS EQUESTRIAN CENTER RULES

TO: KENDALL COUNTY FOREST PRESERVE DISTRICT, ILLINOIS, a municipal Corporation (hereinafter called Forest Preserve,), and its Commissioners, Employees, Agents and Volunteers.

I, the undersigned, desire to be a student at the Ellis Equestrian Center of the Forest Preserve, subject to the rules of the Forest Preserve presently in force and as modified from time to time and under the direction and control of authorized Forest Preserve personnel. I have read the instructions related to the Equestrian program, prepared by the Forest Preserve, and agree to abide by all its terms and conditions as set forth therein and as modified from time to time hereafter.

In consideration of the Forest Preserve accepting the undersigned for participation in the Equestrian program and the educational and other benefits to be received by the undersigned, and with the understanding that a horse may be startled by sudden movement, noise or other factors, and may shy suddenly, rear, stop short, bite, buck, kick or run with its rider, especially when the ride is conducted through an outdoor or natural setting, as lessons and trail rides will be, I hereby assume all risks of any nature whatsoever related to the program including, but not limited to, those risks set out above, and on my own behalf, on behalf of my child or ward, and on behalf of my child's ward's heirs, executors and administrators.

I understand that at no time am I an employee or agent of the Forest Preserve, its Commissioners, Employees, Agents, and Volunteers.

€ By checking this box, I hereby give permission to Kendall County Forest Preserve to use my (or my child's/ward's) photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

I have read the above and agree to its terms.

The participant's birthday is the _____ Day of _____, ____

If the Participant is under 18 years of age, the participant's parent(s) or guardian(s) must sign this Agreement on behalf of the participant, agreeing to the terms and conditions of this Agreement.

Participant Signature

Type or Print Student's Name

Date: _____ Email _____

Indicate signature relationship to student:

Father

Mother

Guardian

Signature of Parent or Legal Guardian

Type or print name

STUDENT PARTICIPANT WAIVER, RELEASE HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

a) I voluntarily waive, release, and hold harmless the Forest Preserve, its elected officials, officers, employees, agents, and other volunteers, from any and all claims, causes of action and damages for bodily injury or death that I may suffer as a result of, or in any manner connected with, directly or indirectly, my participation as a student in the Ellis Equestrian Center programs at the Ellis House and Equestrian Center of the Kendall County Forest Preserve District when such bodily injury or death is the result of my own negligent or intentional acts or omissions of another program student. I understand that this waiver and release precludes my right to recovery of damages in the event I am injured in the course of my participation as a student in the Ellis Equestrian Center programs at the Ellis House and Equestrian center.

b) I shall defend, hold harmless and indemnify the Forest Preserve its elected officials, officers, employees, agents and other volunteers from and against all damages, claims liabilities, causes of action, judgments, settlements, costs and expenses (including, but not limited to, reasonable expert witness and attorney fees) that may at any time arise or be claimed by any person as a result of bodily injury, death or property damage, or as a result of any other claim or cause of action of any nature whatsoever, arising from or in any manner connected with, directly or indirectly, my negligent or intentional acts or omissions in my participation as a student in the Ellis Equestrian Center Programs at the Ellis House and Equestrian Center.

I have read, fully understand and agree to the assumption of risk, waiver, release, hold harmless an indemnification terms set forth above.

Date: _____ Email _____

Participant's Signature address (Street)

Printed Name (City, State, Zip Code)

Birth date (Phone)

Emergency Telephone #

NOTE: if the participant is under 18 years of age, a parent or legal guardian must sign this agreement on behalf of the participant.

Signature of Parent or Legal Guardian Type or print name