

UConn

COLLEGE OF AGRICULTURE, HEALTH AND NATURAL RESOURCES

ANIMAL SCIENCE

ACKNOWLEDGEMENT / CONSENT FORM

HORSE RIDING PARTICIPANTS

The Department of Animal Science offers horseback riding programs for those interested in Trail riding, Hunt Seat, Western, Dressage, Interscholastic Equestrian Team (IEA) based at UConn or Polo lessons, Drill Team, and related workshops and clinics. Programs of this sort involve risk of personal injury, including, but not limited to, bruises, broken bones, head injuries and death. All normal safety precautions are taken to protect our participants, but occasionally accidents do happen. Horses may, without warning or apparent cause, buck, rear, stumble, fall, spook or make unanticipated movements, jump obstacles in their path, bite, kick, step on a person's foot, or push or shove a person, and saddles or bridles may loosen or break, all of which may result in injury. We further note that if you are pregnant or immunocompromised you may be at a greater risk of injury and/or of contracting possible zoonotic agents due to your close proximity to animals and should consult your health care provider before undertaking equestrian activities.

The University does not provide insurance to program participants. We strongly suggest that if you are interested in these programs, you should be covered under your own private insurance plan.

RIDER'S LAST NAME: _____

NAME OF EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE #: _____

NAME OF INSURANCE CARRIER: _____

Please Check Off the Program You Are Enrolled In:

- | | |
|---|--|
| <input type="checkbox"/> ANSC/SAAS Riding Course: _____ | <input type="checkbox"/> Polo |
| <input type="checkbox"/> Clinic Title: _____ | <input type="checkbox"/> Trail |
| <input type="checkbox"/> Dressage | <input type="checkbox"/> Western |
| <input type="checkbox"/> Drill | <input type="checkbox"/> Workshop Title: _____ |
| <input type="checkbox"/> Hunt Seat | |

MORE ON THE BACK

For riders under 18 years of age:

I give my consent for _____, my (son) (daughter) (ward) (“RIDER”), to participate in the above mentioned riding programs and/or workshop. I have read the information provided above, understand that equestrian activities carry inherent risks, and understand that pursuant to Section 52-557p of the Connecticut General Statutes, persons engaged in recreational equestrian activities assume the risk and legal responsibility for injuries to their persons or property arising out of the hazards inherent in such activities. I acknowledge and understand that if my (son) (daughter) or (ward) is a member of the IEA team, members may be transported to and from events in vehicles owned and operated by the University of Connecticut. I acknowledge that there are specific risks of injury to person and/or property that are associated with such transportation, and hereby agree to hold the University harmless from any liability arising out of the acts or omissions of participant during any such trip, subject to any limitations or restrictions against such indemnification that are imposed by law.

I further attest that I am at least eighteen (18) years of age and fully authorized and competent to sign this acknowledgment and permission on behalf of the above-named RIDER.

DATE _____ NAME (print) _____

SIGNATURE: _____

OR

For riders 18 years of age or older:

I have read the information provided above, understand that equestrian activities carry inherent risks, and understand that pursuant to Section 52-557p of the General Statutes, persons engaged in recreational equestrian activities assume the risk and legal responsibility for injuries to their persons or property arising out of the hazards inherent in such activities. I acknowledge and understand if I am a member of the IEA team, I may be transported to and from events in vehicles owned and operated by the University of Connecticut. I acknowledge that there are specific risks of injury to person and/or property that are associated with such transportation, and hereby agree to hold the University harmless from any liability arising out of the acts or omissions of participant during any such trip, subject to any limitations or restrictions against such indemnification that are imposed by law.

I attest that I am at least eighteen (18) years of age and fully competent to sign this acknowledgement.

DATE _____ NAME (print) _____

SIGNATURE: _____

Revised 12-01-14

i/adm/riding program-acknowledgement-consent form