

## SAFETY AGREEMENT, LIABILITY RELEASE & DISCLAIMER

I am aware that working with horses can involve risks. I shall take all reasonable precautions to avoid and prevent accidents occurring. Iris Males, her co-facilitators and any person acting on her behalf reserve the right to terminate the session in the event of abuse of the horse(s), dangerous horse interaction or failure to act on common courtesy or safety.

I understand that any horse, regardless of its training and usual past behaviour may act or react unpredictably at any time which could cause personal injury or distress. With full awareness of this, I knowingly and voluntarily engage in equine related activities provided by Iris Males, any co-facilitator or authorised person acting on behalf of Iris Males for my own personal learning.

In consideration, therefore of the privilege of observing, working with and/or engaging in any equine related activities, I hereby agree that Iris Males, her chosen horse handlers, co-facilitators, yard staff, volunteers, owners of horses involved in any of the equine related activities provided by Iris Males and any person acting on behalf of her, shall not accept any liability for any loss, damage, accident, injury or illness to spectators, participants or other individual or animal.

In pursuing activities with horses, the Undersigned Participant, or Undersigned Parent/Guardian of the Participant, accepts all risks in all horse-related activities, including but not limited to bodily injury, physical or emotional harm or distress, loss of property, damage or loss of lives to the participant, spectators, guests and any horses owned by the Undersigned. The Undersigned agrees not to pursue a claim for personal injury, compensation or damages against Iris Males and any other person acting on her behalf. This agreement shall be binding upon the undersigned participant, the participant's legal representative, and their Next of Kin in the UK.

*\* I will bring to the attention of Iris Males prior to each session any use of: medication, impairment, illness, depression, recent bereavement, psychiatric help, counselling or any other mental health, medical or professional help that I / the participant is receiving. \**

I believe myself/the participant to be in a capable state of physical and mental health to carry out equine activities.

PARTICIPANT'S NAME \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ (Parent/Guardian if under 18yrs) \_\_\_\_\_

Email \_\_\_\_\_ TEL \_\_\_\_\_

ADDRESS \_\_\_\_\_

Next of Kin \_\_\_\_\_ Tel \_\_\_\_\_

Any allergies or intolerances? \_\_\_\_\_

Are you on medication? \_\_\_\_\_ Details \_\_\_\_\_

Additional Needs \_\_\_\_\_ Neurodivergence \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Media Permissions I'm happy to consent to the use of testimonials, photos/video being used for teaching and promotional purposes, including social media for Humans Horses Harmony