











# Safety Rules

## ***PLEASE KEEP FOR YOUR RECORDS***

All equestrians, family members, volunteers, staff and guests must comply with all posted safety rules. New Hope staff requests that all volunteers help to enforce these safety rules.

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- ➔ NO SMOKING ~~vgheonbi cRCLCWDD/TW Y//b/a//~~
- ➔ NO WEAPONS including concealed firearms are allowed on the premises.
- ➔ Observe and obey all posted safety and restricted area signs.
- ➔ All persons ~~CYC~~ horse ~~W/W~~ will wear ~~PD/T/TY/ECT/W~~ ASTM/SEI approved helmets and appropriate foot wear.
- ➔ No family pets allowed.
- ➔ Family and guests are requested to sit quietly in the parent area. Please refrain from leaning or climbing on all arena fences.
- ➔ ~~eDD/W E/W/TEN/OPE/F~~ ~~E/C~~ ~~LC/M/OLY/W~~  
NEVER HAND FEED TREATS TO THE HORSES.
- ➔ The mistreatment, abuse, or verbal suggestions of abuse of any ~~/~~ or of any animal ~~<0-!2\*&~~ be tolerated.
- ➔ Please remember to keep our facility clean by disposing of trash properly.
- ➔ No cell phones or pagers inside the arena.
- ➔ Parents are responsible for the supervision of their children AT ALL TIMES. ~~eED/D~~ ~~CL/DDCLCC/E/YWCCDDE/D/W/T~~
- ➔ ~~eDDD/ZCT/W W W TDW FF/E/W W DDC~~



## **Infectious Disease Guidelines**

***PLEASE KEEP FOR YOUR RECORDS***

### **For Anyone Coming on to New Hope Property**

- Do Not come to New Hope if:
  - You or anyone in your household is running a fever or displaying symptoms of any illness
  - You or anyone in your household have been diagnosed with Covid-19, Flu, or any other contagious infection, including lice etc.
  - You or anyone in your household have been exposed to anyone with suspected or confirmed Covid-19
  - You or anyone in your household is at high risk for Covid-19 (see CDC guidelines)
  - You are uncomfortable in any way about coming onto New Hope property

### **When on New Hope Property**

1. All volunteers/riders on property must have an adult staff member present at all times.
2. No volunteer/rider comes on property after running a fever, until they have been symptom free for CDC recommended guidelines for the illness in question
3. Everyone coming on property is required to wash hands for 20 seconds with antibacterial soap and water before signing in, and before leaving premises. More frequent hand washing encouraged
4. Instructors required to wash hands using 20-30 second protocol before and after coming into contact with high traffic surfaces
5. Sanitizer is available
6. Maintain the social distancing rule of 6 feet
7. Masks may be worn but are not required

**Protocols subject to change at any time**



# Waiver and Release of Liability & Indemnity Agreements

**Please Keep for Your Records**

When submitting your **online** application, the undersigned will be asked to acknowledge that he/she has read this Indemnity & Release form in its entirety, that he/she understands the terms of this release, and signs this release voluntarily and with full knowledge of the effects thereof.

All equine activities at or with New Hope Equine Assisted Therapy involve inherent risks and dangers, which could result in personal injury or death. I/we acknowledge the risks and dangers of a horse-back riding program to myself, my minor child, my ward, or any person(s) I bring on-site to a New Hope Equine Assisted Therapy location or event, however believe that the possible benefits to myself, my child, my ward, are greater than the risks and dangers assumed.

**UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.**

## **WAIVER AND RELEASE OF LIABILITY**

I HEREBY, INTENDING TO BE LEGALLY BOUND FOR MYSELF, MY HEIRS AND ASSIGNS, EXECUTORS OR ADMINISTRATORS, EXPRESSLY WAIVE AND RELEASE FOREVER ALL CLAIMS FOR DAMAGES, COMPENSATION, OR LIABILITY ARISING AGAINST NEW HOPE EQUINE ASSISTED THERAPY, ITS BOARD OF TRUSTEES, INSTRUCTORS, THERAPISTS, AIDS, VOLUNTEERS, AND/OR EMPLOYEES FOR ANY OR ALL PERSONAL INJURY OR DEATH THAT I, MY MINOR CHILD, OR MY WARD MAY SUSTAIN IN CONNECTION WITH THE NEW HOPE EQUINE ASSISTED THERAPY ACTIVITY, REGARDLESS OF WHETHER SUCH PERSONAL INJURY OR DEATH IS CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR FAULT OF NEW HOPE EQUINE ASSISTED THERAPY, ITS BOARD OF DIRECTORS, GUARANTORS, INSTRUCTORS, THERAPISTS, AIDES, EMPLOYEES AND VOLUNTEERS ("RELEASEES").

## **INDEMNITY AGREEMENT**

I HEREBY EXPRESSLY AGREE TO INDEMNIFY AND HOLD HARMLESS NEW HOPE EQUINE ASSISTED THERAPY, ITS BOARD OF DIRECTORS, GUARANTORS, INSTRUCTORS, THERAPISTS, AIDES, EMPLOYEES OR VOLUNTEERS ("INDEMNITEES") FROM ANY CLAIM FOR PERSONAL INJURY OR DEATH THAT I, MY MINOR CHILD, OR MY WARD MAY SUSTAIN IN CONNECTION WITH NEW HOPE EQUINE ASSISTED THERAPY ACTIVITIES, REGARDLESS OF WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR FAULT OF INDEMNITEES.

**I understand that New Hope Equine Assisted Therapy, its Board of Directors, guarantors, instructors, volunteers and/or staff members (Indemnitees/Releasees) will not be legally liable for any personal injuries or death that I, my minor child, or my ward may sustain in connection with the Equine Activities regardless of any fault or negligence on the part of Indemnitees or Releasees.**

**CONFIDENTIALITY AGREEMENT:** I understand that all information (written and verbal) about participants at the New Hope Equine Assisted Therapy PATH International center is confidential and will not be shared with anyone without the expressed permission of the participant and their parent, guardian or caregiver in the case of a minor. New Hope is HIPPA compliant.

**PHOTO/MEDIA RELEASE:** I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ consent to and authorize the use and reproduction by New Hope Equine Assisted Therapy of any and all photographs, any audio-visual materials taken of me or spoken/written testimonials for promotional material, education activities, exhibitions or any other use for the benefit of New Hope Equine Assisted Therapy.