## Ellis House and Equestrian Center Hold Harmless Waiver

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.

and administrators.				
I 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.   By checking this box, I decline these photographic permissions.				
I understand that at no time am I an employee or	agent of the Forest I	Preserve, its Commissioner	s, Employees, Agents, and Volun	teers.
a)I voluntarily waive, release, and hold harmless to from any and all claims, causes of action and dam with, directly or indirectly, my participation as a secondal County Forest Preserve District when such another program student. I understand that this course of my participation as a student in the Ellis	nages for bodily injury tudent in the Ellis Eq h bodily injury or dea waiver and release pr	or death that I may suffer uestrian Center programs a th is the result of my own ecludes my right to recove	as a result of, or in any manner of the Ellis House and Equestrian negligent or intentional acts or o ry of damages in the event I am	connected Center of the missions of
b)I shall defend, hold harmless and indemnify the and against all damages, claims liabilities, causes reasonable expert witness and attorney fees) that property damage, or as a result of any other claim directly or indirectly, my negligent or intentional at the Ellis House and Equestrian Center.	of action, judgments, t may at any time aris n or cause of action o acts or omissions in n	settlements, costs and expose or be claimed by any perfany nature whatsoever, any participation as a studer	penses (including, but not limited rson as a result of bodily injury, d rising from or in any manner cor at in the Ellis Equestrian Center P	I to, leath or nnected with , rograms at
I have read, fully understand and agree to the ass	umption of risk, waiv	er, and release, hold harm	less an indemnification terms set	forth above.
The participant's birthday is the Day o	ıf,			
If the Participant is less than 18 years of age, the agreeing to the terms and conditions of this Agree		r) or guardian(s) must sign	this Agreement on behalf of the p	oarticipant,
Participant Signature		Print Participants Name		
Parent or Guardian Signature		Print Parent or Guardian Name		
Indicate signature relationship to student:	Father	Mother	Guardian	
Mailing Address:				
Emergency Contact Name and Number:				
Date:	Email			