



***Mane Support's  
Leading by the Reins  
Registration and Release Form***

Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Business Name: \_\_\_\_\_

**Please Read Carefully Before Signing**

I understand that under the Tennessee Equine Activity Statute, persons who participate in equine activities may incur injuries as a result of the risks involved in such activities. "The general assembly also finds that the state and its citizens derive numerous economic and personal benefits from such activities. It is therefore, the intent of the general assembly to encourage equine activities by limiting the civil liability of those involved in such activities."



**Initial Here** \_\_\_\_\_

I acknowledge that the scope of Mane Support's Leading by the Reins has been fully explained to me, including the potential for injury which can occur from:

1. the propensity of horses to behave in dangerous ways that may result in injury to the participant
2. the inability to predict an equine's reaction to sounds, movements, objects, persons or animals
3. the hazards of surface or subsurface conditions

I consider these risks to be offset by the benefits that might be received by the participant named. Activities with the horses of Mane Support can be educational and even FUN!!!

**Initial Here** \_\_\_\_\_

I have read and understand the "Suggestions for Protective Clothing for Mane Support."

**Initial Here** \_\_\_\_\_

Because Mane Support is devoted to providing a safe environment, electronic devices will not be allowed during sessions.

**Initial Here** \_\_\_\_\_

I hereby waive any claim which I or the participant may have against Mane Support Inc., its employees, contract personnel, interns, volunteers, Mane Support Board Members, Kim Henry, Vera Acres, and all horse owners whose horses are not owned by Mane Support arising out of any injury which the participant may sustain while involved in Mane Support.

**Initial Here** \_\_\_\_\_



The undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider and/or spectator. In consideration therefore of Mane Support the undersigned does agree to hold harmless and indemnify Mane Support, Inc., its employees, contract personnel, interns, volunteers, Mane Support Board Members, Kim Henry, Vera Acres, and all horse owners whose horses are not owned by Mane Support and further release them from any liability, or responsibility for accident, damage to person or property, loss, injury or illness to the undersigned. I have read and understand this release.

**I have read and understand the provided information and agree with the terms in their entirety.**

**Participant (print):** \_\_\_\_\_

**Participant (signature):** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Mane Support Photo Release***

Throughout the Mane Support sessions, it is a possibility that pictures and/or videos will be made. These are the property of Mane Support, Inc. and will be used for the sole purpose of community education and marketing of Mane Support.

I understand and agree to this Photo Release in reference to the participant(s) listed below.

\_\_\_\_\_  
Participant's Name(s)

\_\_\_\_\_  
Date



**Mane Support**  
**Participants Medical History**

Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Any Illnesses Diagnosed: \_\_\_\_\_

\_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

Special Precautions/Needs/Support Bandages/Allergies: \_\_\_\_\_

\_\_\_\_\_

Impairments in Vision, Dexterity, Flexibility, Movement: \_\_\_\_\_

\_\_\_\_\_

Participant's Signature

Date

Mane Support Staff's Signature

Date



**Mane Support**  
**Authorization for Emergency Medical Treatment**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Health Insurance Company: \_\_\_\_\_  
Allergies to Medications: \_\_\_\_\_  
Current Medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during a Mane Support session or while on the property where Mane Support is conducted, **I authorize** Mane Support, Inc. to:

1. Secure and retain medical treatment and transportation if needed; and
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

**Consent Plan**

This authorization includes x-rays, surgery, hospitalization, medication and any other treatment procedures deemed "life-saving" by the physician. This provision will only be invoked if the emergency contact person(s) above is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_



## Helmet Policy Release Form

I understand the risks of being around horses and am declining the opportunity to wear a helmet, as suggested by Mane Support, Inc.

I hereby waive any claim which I or the participant may have against Mane Support Inc., its employees, contract personnel, interns, volunteers, Mane Support Board Members, Kim Henry, owners of horses not owned by Mane Support, Vera Acres arising out of any injury which the participant may sustain while involved in Mane Support.

The undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider and/or spectator. In consideration therefore of Mane Support the undersigned does agree to hold harmless and indemnify Mane Support, Inc., its employees, contract personnel, interns, volunteers, Mane Support Board Members, Kim Henry, owners of horses not owned by Mane Support, Vera Acres and further release them from any liability, or responsibility for accident, damage to person or property, loss, injury or illness to the undersigned. I have read and understand this release.

**I have read and understand the provided information and agree with the terms in their entirety.**

**Participant (print):** \_\_\_\_\_

**Participant (signature):** \_\_\_\_\_

**Date:** \_\_\_\_\_



### *Suggestions for Protective Clothing for Mane Support*

Participants **must** wear:

- ◆ socks
- ◆ **closed toe shoes**

Participants **must** remove any dangling jewelry or other loose items that may put them at risk.

In case of inclement weather, please dress in layers for comfort.

Winter: Please wear a coat, hat and gloves.

Summer: Please wear sunscreen and insect repellent as needed for outside activities.