girl scouts of central illinois

**Camp Tapawingo,** 1450 Hickory Point Road, Metamora, IL 61548 **GetYourGirlPower.org** **888-623-1237**

# Equestrian Program Consent and Release

The undersigned hereby agree to assume responsibility for the risks of engaging in equine activities as defined by the Equine Activity Liability Act (745 ILCS 47/1 et seq. "ACT"). Specifically, the undersigned understand that there are risks in engaging in equine activities including, but not limited to: (1) the propensity of an equine to behave in dangerous ways that may result in injury to the participant; (2) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; and (3) the hazards of surface or subsurface conditions.

The undersigned on behalf of himself or herself, the participant, his or her heirs, administrators, agents and representatives, HEREBY RELEASES Girl Scouts of Central Illinois (GSCI), and any and all of its employees, administrators, board members, successors, agents and assigns from any and all claims, causes or action, demands, damages, liability, and rights of action, of whatsoever kind of nature, arising in any way from the participant's participation in or presence at any equine activity as defined in the Act.

If any suit is filed or any claim or demand is made against GSCI based upon any equine activity of participant as defined in the Act, the undersigned, on behalf of himself or herself, the participant, his or her heirs, administrators, agents and representatives, agrees to indemnify and hold harmless GSCI, and further agrees to pay any and all costs, expenses, judgments or settlements incurred by, or on behalf of, GSCI as a result of each suit, claim or demand, including the payment of reasonable attorney's fees incurred by GSCI in defense of each such suit, claim or demand.

_____
**Name of Minor Participant**

_____
**Signature of Parent/Guardian #1**

_____
**Date**

_____
**Street Address**

_____
**City, State** **Zip Code**

_____
**Signature of Parent/Guardian #2**

_____
**Date**

_____
**Street Address**

_____
**City, State** **Zip Code**

FOR OFFICE USE ONLY:
Session _____
Date _____

United Way