



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Name of Volunteer: _____ Age: _____

Parent/Gaurdian Name(if under 18): _____

Address: _____

Home Telephone: _____ Cell Phone: _____ Email: _____

Emergency Contact Name and Phone: _____

Allergies if Any: _____

I hereby enter into this agreement in consideration of my / ability and permission to volunteer with a program best suited for me and my abilities to work with and around a variety of animals which may or may not include horses of the foundation and riding. The animals used in the program are provided by The BK Foundation whose address is 9205 Erin East Garafraxa Townline Road Erin, ONT Canada L0N 1N0 Any tasks that I am involved in will be based on evaluation with the program director, Jennifer Kindred-Bulbulia. Jennifer will suggest the safest and best way for you to work with the Foundation and their animals and or projects that involve the foundation. There are no licensed medical personnel on staff and this program is a volunteer based program. Remember your safety and success is Jennifer's priority so please understand if she limits what is provided allows you to do with and on the foundation.

IMPORTANT NOTICE BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR USE AND PARTICIPATION OF THE FOUNDATION AND ITS ANIMALS UNDER THEIR CARE AT, THE BK FOUNDATION, JENNIFER KINDRED-BULBULIA & YUSUF BULBULIA, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR THE BK FOUNDATION.

CONTINUED ON PAGE 2

1 Initials _____

The BK Foundation
PO BOX 593 Hillsburgh ONT Canada N0B 1Z0
www.thebkfoundation.com jennifer@thebkfoundation.ca
1-855-463-2524



READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS. By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities upon what is recommended by director. I recognize the inherent risks involved in working with animals as well as riding with horses, including but not limited to:

- Bites, kicks, abrasions or contusions from any animals.
- Being thrown or bucked off by horses.
- Scratches or other injury from stalls or enclosures.
- Scratches or other injury from grooming tools and other animal and equine equipment and tack.
- Allergic reactions to animals, hay, or other allergens.
- Tripping in holes or on materials or equipment.
- Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

(Initial) _____

I hereby specifically forever waive and release THE BK FOUNDATION, Jennifer Kindred-Bulbulia and Yusuf Bulbulia, and its principals and agents from any liability for injury arising out of the inherent risks from any animal activity, riding, working or participating in a stable ranch environment and/or with horses, as well as from the active negligence of THE BK FOUNDATION, Jennifer Kindred-Bulbulia and Yusuf Bulbulia, its principals and agents. (Initial) _____

By signing this agreement I hereby acknowledge that although there may be supervision during my time spent at The BK Foundation, there will not be a nurse on the premises and THE BK FOUNDATION, Jennifer Kindred-Bulbulia and Yusuf Bulbulia and its principals and agents bear no responsibility for my health or medical care. . (Initial) _____

I agree to indemnify, save and hold harmless THE BK FOUNDATION, Jennifer Kindred-Bulbulia and Yusuf Bulbulia and its principals and agents from and against any loss, liability, damage, attorneys' fees, or costs that they may incur arising out of or in any way connected with either my presence or participation at The BK Foundation or any acts or omissions of The BK Foundation principals or agents. . (Initial) _____

CONTINUED ON PAGE 3

2 Initials_____



By signing this Agreement, and by initialing the paragraph below, I hereby acknowledge my complete understanding, agreement and consent to my presence and/or participation in the activities at The BK Foundation without restriction, without liability to THE BK FOUNDATION, Jennifer Kindred-Bulbulia and Yusuf Bulbulia, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases herein. (Initial) _____

If I am present at and participate in the activities of The BK Foundation I do so at my own risk, and I hereby acknowledge and agree that The BK Foundation Jennifer Kindred-Bulbulia and Yusuf Bulbulia and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at The BK Foundation. (Initial) _____

There is no smoking, drinking, alcohol, or drug use allowed at any time at the facility. Failure to comply will be immediate termination from the foundation. Full criminal background check required and will be kept in confidential records on site. (Initial) _____

I agree to allow any pictures/videos of me in the program to be released in marketing and or social media for The BK Foundation. _____ Yes _____ NO Initials _____

*** Photos/ Videos of participants in the program help to educate and bring awareness to the public in the needs of animal therapy and those individuals who thrive from it.

I have read and agreed everything on this three page release and accept with the following signature.

Participants Name: _____

Participant's Signature (If Applicable) : _____ Date: _____

Guardian's Name: _____

Guardian's Signature: _____ Date: _____

Director: Jennifer Kindred-Bulbulia Signature: _____ Date: _____

3 Initials _____