

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

Name of Participant:		Age:
Disability:		
Parent/Gaurdian Name:		
Address:		
		Email:
Emergency Contact Name a	nd Phone:	
Allergies if Any:		
program best suited for me may not include horses of the The BK Foundation whose a Any program that I am enter Kindred-Bulbulia. Jennifer their animals. This is an animal guarantees of any success of and what Jennifer aims at for therapy given. There are not program. Remember your such as the provided or if it seems	and my abilities to work with ne foundation and riding. The ddress is 9205 Erin East Gara red in will be based on evalu will suggest the safest and be imal therapy program to help once entering this program, a for each participant. Each incomic olicensed medical personnel safety and success is Jennifer ms to take longer than expec	y / ability and permission to enter into a n and around a variety of animals which may or ne animals used in the program are provided by afraxa Townline Road Erin, ONT Canada LON 1NO ation with the program director, Jennifer est way for you to work with the Foundation and o in wellness and life fulfillment. There are no although that is the goal for all of us to achieve dividual will have different effects with the on staff and this program is a volunteer based 's priority so please understand if she limits ted to move to the next level. Her experience g used to allow your progress and levels she is
INCLUDING THE RIGHT TO R ARISING OUT OF YOUR USE CARE AT, THE BK FOUNDAT	ECOVER DAMAGES IN CASE (AND PARTICIPATION OF THE TON, JENNIFER KINDRED-BUI	ARE GIVING UP CERTAIN LEGAL RIGHTS, OF INJURY, DEATH, OR PROPERTY DAMAGE, FOUNDATION AND ITS ANIMALS UNDER THEIR BULIA & YUSUF BULBULIA, INCLUDING INJURY, EGLIGENCE 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 complete understanding, agreement and consent to my presen activities at The BK Foundation without restriction, without liab Jennifer Kindred-Bulbulia and Yusuf Bulbulia, its principals or agunderstanding of the disclosures, waivers, and releases herein.	ce and/or participation in the ility to THE BK FOUNDATION, ents, and with full knowledge and
If I am present at and participate in the activities of The BK Foundereby acknowledge and agree that The BK Foundation Jennife and/or any of its principals and agents shall bear no responsibilithat could arise from my presence or participation at The BK Fo	r Kindred-Bulbulia and Yusuf Bulbulia ity or risk associated with injuries
Sessions are scheduled at a one hour interval at a rate of \$125 a session. (30 min set up and finishing, hour session). Cancelation otice or fee will still be required for the time allotted. Weather Foundation may require a cancelation due to weather or time protice possible upon doing so. Weather conditions are not in combut if your time slot is canceled due to weather on either end the we will get you into the next soonest available open slot that you accommodate. (Initial)	ons are required within 72 hours er permitting all sessions and The BK ermits but will give you the furthest our hands and we apologize for that here will be no cancelation fee and
I agree to allow any pictures/videos of me in the program to b social media for The BK Foundation.	_
*** Photos/ Videos of participants in the program help to education the needs of animal therapy and those individuals who thrive	
I have read and agreed everything on this three page release ar signature.	nd accept with the following
De d'Alberta Nova	
Participants Name:	
	Date:
Participants Name: Participant's Signature (If Applicable) : Guardian's Name:	
Participant's Signature (If Applicable) :	
Participant's Signature (If Applicable) :Guardian's Name:	

3 Initials_____

The BK Foundation
PO BOX 593 Hillsburgh ONT Canada N0B 1Z0