



Psalm 108- Steadfast Trail

"Equine Ministry and Life on the Farm"

6830 Hickory Ridge Road
Spotsylvania, Va 22551
www.psalm108.org

For office use only:

☐ Volunteering
☐ Sessions
☐ Camp
☐ Intern

PARTICIPANT FORM

MUST CONTAIN ORIGINAL SIGNATURES

This form must be completed and submitted for **EVERY participant*** at Steadfast Trail, before engaging in ANY Steadfast related activity. It is the participant's* responsibility to ensure that all information is complete and accurate, and to notify Steadfast in the event of any changes.

CONTACT INFORMATION: PLEASE PRINT

Participant's* Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

FOR PARTICIPANT'S* UNDER AGE 18, PLEASE PROVIDE THE FOLLOWING INFORMATION:

Parent/Legal Guardian Name: _____ Relationship to participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email address: _____

EMERGENCY CONTACT INFORMATION: Please notify the following individual(s) immediately in the event of a medical emergency:

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Other Emergency Contact: Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

***Participant:** Any individual who knowingly participates in a Steadfast activity on or off Steadfast property, including barn/farm labor, educational/fundraising activities, and any other activity at a location sponsored by Steadfast.

PLEASE READ CAREFULLY AND INITIAL BESIDE EACH STATEMENT BELOW

_____	_____	I understand that horses are independent living beings and can be unpredictable.
Parent	Participant	
_____	_____	I understand that there are always elements of risk in equestrian activities, including permanent disability or death, that common sense and personal awareness can help reduce.
Parent	Participant	

MUST CONTAIN ORIGINAL SIGNATURE BEFORE HANDLING ANY HORSE

I hereby acknowledge and assume the risk of participating in any and all horse related activities, including riding, at STEADFAST or in any and all locations where STEADFAST activities take place. I do hereby, waive, release and forever discharge, and indemnify and hold harmless STEADFAST, its officers, staff members, volunteers, instructors, advisors and/or agents from any and all claims, suits, actions, damages, losses, liability, cost and expenses (including attorney fees and court costs), of any kind or nature whatsoever, incurred for injuries and/or damages to person and/or property. I understand that participation in activities at STEADFAST are potentially hazardous and can result in serious injury and I am voluntarily allowing the participant participation in the programs. I release them from responsibility for accidental physical injury, including death or illness and loss of personal property while at STEADFAST.

I agree to remain fully liable and responsible for any such hospital, doctor, ambulance, dental or medical fees in the event of an injury to me as a result of my participating in any and all activities involving STEADFAST. I understand that **STEADFAST does NOT provide health, accident or liability insurance to participants***.

I acknowledge that there is a valid consideration to executing this release. The invalidity of any statement or waiver of rights above under local, state or federal law does not invalidate any other statement or waiver of rights above.

Signature: _____ Print Name: _____ Date: _____
(participant* or parent/guardian if under 18)

PHOTO RELEASE

_____ I DO _____ DO NOT **consent to and authorize** the use and reproduction by Psalm 108 Ministries-Steadfast Trail of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of STEADFAST.

Signature: _____ Date: _____
(participant* or parent/guardian if under 18)