



## HORSE HANDLER/RIDER RELEASE OF ALL LIABILITY

RECITALS: *(Print Name)* \_\_\_\_\_, has herewith entered into a horse riding, training and/or handling agreement with NWNHC Family Fund and NWNHC, LLC. As part of the consideration for said Agreement, the undersigned handler/rider makes this Release of all Liability.

**I AM AWARE THAT ACTIVITIES INVOLVING HORSES CAN BE A HAZARDOUS ACTIVITY AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF PERSONAL INJURY, DEATH OR PROPERTY DAMAGE, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: *(Initials)*\_\_\_\_\_.**

As consideration for the services provided by NWNHC Family Fund and NWNHC, LLC, or anyone affiliated with NWNHC Family Fund and NWNHC, LLC, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make claim against, sue, or attach the property of NWNHC Family Fund, its board of directors, donors or volunteers and NWNHC, LLC or James A. Hutchins, for injury or damage resulting from the negligence, however caused, by James A. Hutchins or any employee, agent, volunteer, or contractor of NWNHC Family Fund, NWNHC, LLC or the owner of the facility, as a result of my participation in the above-referenced activities. I hereby release James A. Hutchins, NWNHC Family Fund and NWNHC, LLC, its employees, agents, volunteers, or contractors, the owner of any designated training facilities or any of their affiliated organizations from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for personal injury, death or property damage resulting from my participation in the above-referenced activities.

I further agree to indemnify, save, and hold harmless NWNHC Family Fund, its board of directors, donors or volunteers and James A. Hutchins, NWNHC, LLC, its employees, agents, volunteers, or contractors, the owner of any designated training facilities or any of their affiliated organizations, and each of them, from any loss, liability, damage, or cost they, or any of them, may incur as a result of my participation in the above-referenced activities.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND NWNHC FAMILY FUND, JAMES A. HUTCHINS, NWNHC, LLC, ITS EMPLOYEES, AGENTS, VOLUNTEERS, OR CONTRACTORS, THE OWNER OF THE DESIGNATED TRAINING FACILITIES AND/OR ANY OF THEIR AFFILIATED ORGANIZATIONS, AND SIGN IT OF MY OWN FREE WILL. I AGREE THAT THIS AGREEMENT SHALL BIND ME, MY LEGAL REPRESENTATIVES, ASSIGNS, HEIRS, DISTRIBUTEES, GUARDIANS, AND NEXT OF KIN AND THAT IT MAY BE PLEADED IN BAR TO ANY LEGAL ACTION COMMENCED IN ANY COURT CONTRARY TO THE TERMS HEREOF.**

Executed at Fall City, Wash., On *(Date)* \_\_\_\_\_, \_\_\_\_\_

RELEASOR \_\_\_\_\_  
(Signature)

GUARDIAN \_\_\_\_\_  
(Signature of handler/rider is under 18)

**I CERTIFY THAT \_\_\_\_\_ ACKNOWLEDGED IN MY PRESENCE THAT SHE/HE READ AND FULLY UNDERSTOOD THE MEANING AND CONSEQUENCES OF THE FORGOING RELEASE, AND SIGNED IT IN MY PRESENCE.**

WITNESS \_\_\_\_\_ Date \_\_\_\_\_



## PHOTO RELEASE

I hereby grant to NWNHC Family Fund and to its employees, agents and assigns the right to photograph me and/or my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether print, digital or electronic publishing via the Internet.

Further, NWNHC Family Fund **may not** use my or my dependant's full name accompanying such photo without my permission.

Releasor/Guardian Printed Name: \_\_\_\_\_

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

Further, I certify that I am a custodial parent or guardian and have the aforementioned rights to assign the aforementioned release to the following minor children.

Child #1 Name \_\_\_\_\_

Child#2 Name \_\_\_\_\_

Child #3 Name \_\_\_\_\_

Child#4 Name \_\_\_\_\_

*Please print legibly*

Signature of  
Individual/Parent/Guardian: \_\_\_\_\_

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

**CONFIDENTIAL**  
**Criminal Background Disclosure**

At the NWNHC Family Fund we strive to protect the security of the children and vulnerable adults who are in our care or with whom we come in contact. Therefore, we would ask that you complete this confidential disclosure and permission form to assure the appropriateness of your participation as a volunteer.

1) Have you ever been convicted of a crime? You must include any and all past or current criminal convictions. ☐ No ☐ Yes

If "yes," please identify the crime(s), provide the date(s) of the conviction(s), the name of the court(s), (e.g., King County Superior Court) and the sentence(s) imposed.

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2) Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation of a child in any legal proceeding? These proceedings include judicial or administrative proceedings as well as findings by Department of Social and Health Services (DSHS) or the Department of Health that you have not challenged or appealed. ☐ No ☐ Yes

If "yes", please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty(ies) imposed.

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3) Do you currently have any criminal charges pending against you? Are you presently under investigation for possible criminal charges? ☐ No ☐ Yes

If "yes," please provide pertinent details to enable Lake Washington School District to evaluate, including the charge(s), date(s), jurisdiction(s) and status.

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4) Other than any matter listed previously, are there any facts or circumstances involving you and your background that would call into question the NWNHC Family Fund entrusting you with the supervision, guidance and care of any minor children? ☐ No ☐ Yes

If "yes," please explain.

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**Disclosure Statement:**

I hereby authorize and consent to NWNHC Family Fund, its agents and employees, to inquire into and undertake whatever background check of me that NWNHC Family Fund, in its sole discretion, deems appropriate to determine my fitness to serve as a volunteer. I understand the inquiry may include computer database searches, criminal history checks (including a Washington State Patrol Request for Criminal History Information), interviews with people acquainted with me, employers or references. I understand the information will be kept confidential to the extent permitted by law.

Signed: \_\_\_\_\_

Print last name \_\_\_\_\_

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Alias/Maiden Name/Other Names Used \_\_\_\_\_

Date of Birth \_\_\_\_\_