



## PARTICIPANT WAIVER

The undersigned voluntarily agrees to participate in the Adaptive or Therapeutic program provided by Bit By Bit on (date range)\_\_\_\_\_

The undersigned recognizes that Bit By Bit has not undertaken any duty or responsibility for his or her safety and the undersigned agrees to assume the full responsibility for all risk of bodily injury, death, disability, COVID-19 and property damage as a result of participating with Bit By Bit. The undersigned recognizes that these risks include falling off a horse, being bitten or kicked by a horse, horse stepping on toes, bee stings, fly bites, poison oak, or any other injury that may result from horseback riding or related activity.

By my signature, I hereby state that I understand the risks involved in participating in the [describe program or activity; same as in paragraph one] and willingly and voluntarily accept these risks. By my signature, I hereby surrender any right to seek reimbursement from Bit By Bit and its directors, officers, employees, volunteers and other agents for injury sustained and liability incurred during my participation in the activity described above. By my signature, I warrant that I am not relying on any oral representations, statements or inducement apart from the statements made on this form.

By signing below, the parties confirm that they have read, understand, and consent to the terms of this waiver agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bit by Bit Representative Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date