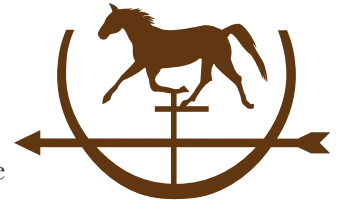


Hay Day Ranch
Client Application

Hay Day Ranch



Horses Healing Hearts

Thank you for your interest in Hay Day Ranch, where children facing conflicts or challenges come together with rescued horses to help each other learn how to love and trust again. Please complete the following application for each child who would like to participate in our program.

Date of application: ___/___/___

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (m) (____) ____ - ____ (h) (____) ____ - ____ (w) (____) ____ - ____

Email: _____

Applicant Information

Child's/Applicant's Name: _____

Address: _____

if different than Parent/Guardian

Date of Birth: ___/___/___ Height: _____ Weight: _____

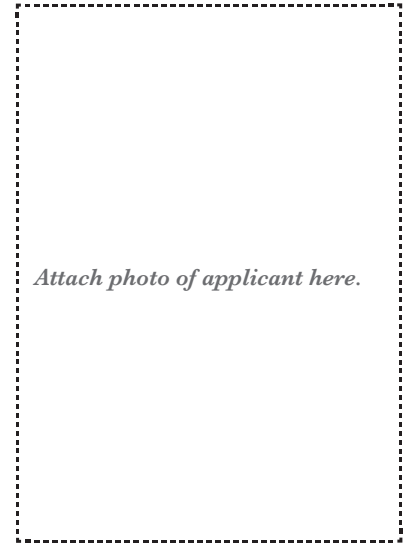
Please complete the questions below; continue on back of form if additional space needed.

Please tell why you are seeking equine therapy with Hay Day Ranch.

Please describe your child's general physical condition.

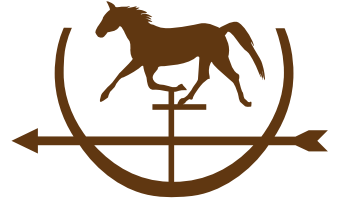
Please describe emotional or clinical conditions.

Please describe below any other issues or situations in the family or with each child that will help us match him/her with the right leader and horse.



Hay Day Ranch
Client Application

Hay Day Ranch



Horses Healing Hearts

By signing below I, the parent/legal guardian of applicant confirm that to the best of my knowledge all statements are true and accurate. I understand that my application is not a guarantee of acceptance into a Hay Day Ranch program. I understand that additional information regarding the applicant, in some cases, may be required, including but not limited to medical releases from applicant's physician.

Witness:

Signature of Parent/Legal Guardian/1

Date

Parent/Legal Guardian/1

Witness:

Signature of Parent/Legal Guardian/2

Date

Parent/Legal Guardian/2

All applications must include proof of current medical insurance coverage for the applicant. Provide policy information below or attach a copy of your insurance card.

Policy Owner Name

Insured's Name

Relationship to Policy Owner

Insurance Company

Policy #

Mail completed, signed application with proof of insurance and photo to: to this application and mail or email your completed and signed application with proof of insurance and picture to:

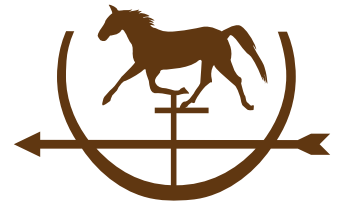
Hay Day Ranch
Attn: Susan Hingst
2530 Pony Farm Road
Maidens, VA 23102

PRIVACY: All applications remain private to all but the Hay Day Ranch application review committee and your child's leader. All applications are locked and secured in the Hay Day Ranch offices and are accessible only to officers of Hay Day Ranch and an approved office volunteer(s). Submission of an application does not guarantee acceptance into the Hay Day Ranch program.

www.haydayranch.com Phone 804.205.8883

Hay Day Ranch
New Rancher Waiver & Checklist

Hay Day Ranch



Horses Healing Hearts

Use this checklist to confirm that all of the required documents have been completed, signed and submitted to Hay Day Ranch.

- | | | |
|---|-----|----|
| 1. Completed and signed application | Yes | No |
| 2. Current Waiver on file | Yes | No |
| 3. Health History Emergency/Proof of Medical Insurance Form | Yes | No |
| 3. Parent/Guardian acknowledged receiving Parent Letter | Yes | No |
| 5. Parental Consent to use Picture | Yes | No |

RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

The undersigned participant, and his or her parent or legal guardian if the participant is under the age of 18 years old, is aware that equine activities in which the participant may directly or indirectly engage, whether mounted or un-mounted, to include but not be limited to: horseback riding, training, driving, jumping or otherwise being a passenger upon an equine; and also handling, leading, grooming and otherwise attending to the equine, are activities and events which pose potentially serious risks of injuries or death to the participants. I understand that the participant may be injured or die as a result of the participant's negligence, the negligence of others, or through no fault of the participant or anyone else but because of the nature of the activity in which the participant is going to be engaged. I also understand that horses, even the most well-trained, are unpredictable and may be difficult to control.

With this waiver, I accept notice of the provisions of the Equine Activity Liability Act, Sections 3.2-6200 through 3.2-6203 of the Code of Virginia, 1950, as amended, which state in part, the intrinsic dangers or conditions that are an integral part of equine activities, including but not limited to (i) the propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around them; (ii) the unpredictability of an equine's reaction to sounds, sudden movements, and unfamiliar objects, persons or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability. This waiver shall remain valid unless expressly revoked by me, or if a minor, by a parent or guardian, in writing, with receipt acknowledged in writing by an agent/director of the Hay Day Ranch Ranch.

Furthermore, with this waiver, I expressly assume the risk of injury or death due to the ordinary negligence of the Hay Day Ranch Ranch, located at 2530 Pony Farm Road, Maidens, VA and any and all of its employees, agents, volunteers, and representatives, However, I understand that this release is not intended to prevent or limit liability in the event of gross negligence or willful misconduct by any of the aforementioned parties.

With knowledge of the foregoing, and as an inducement for the participant's ability to participate in equine activities at the Hay Day Ranch, I hereby agree to waive and release any and all rights that I or my heirs may have to make a claim against the Hay Day Ranch Ranch and all its agents, employees, representatives and volunteers, arising from any damages, injury or death which the participant might sustain while engaging in equine activities at the Hay Day Ranch Ranch. I further agree to indemnify and hold harmless the Hay Day Ranch Ranch, its agents, representatives and volunteers from any claims which I might make or which might be made on my behalf by others or which might be made against the Hay Day Ranch Ranch by others, arising from the participant's equine activities at the Hay Day Ranch Ranch. Furthermore, I agree to indemnify the Hay Day Ranch Ranch for any injury, death, loss or damage to any personal property when such injury, death, loss or damage arises from the participant's equine activities at the Hay Day Ranch Ranch or at an event hosted by the Hay Day Ranch.

BY SIGNING THIS WAIVER AND RELEASE, I UNDERSTAND THAT I AM GIVING UP, WAIVING AND RELEASING, ANY RIGHT I MIGHT HAVE TO SUE OR MAKE A CLAIM AGAINST THE HAY DAY RANCH AND ANY OF ITS AGENTS, EMPLOYEES, VOLUNTEERS OR REPRESENTATIVES, FOR ANY INJURIES THE PARTICIPANT MIGHT SUSTAIN TO ITS PERSON OR ITS PERSONAL PROPERTY, WHILE HORSEBACK RIDING OR OTHERWISE PARTICIPATING, EITHER DIRECTLY OR INDIRECTLY, MOUNTED OR UNMOUNTED, IN AN EQUINE ACTIVITY AT THE HAY DAY RANCH, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS, THE HAY DAY RANCH AND ALL OF ITS EMPLOYEES, AGENTS, VOLUNTEERS OR REPRESENTATIVES, FOR INJURIES TO ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE I AM ENGAGED IN EQUINE ACTIVITIES AT THE HAY DAY RANCH. IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND PROVIDE THIS HOLD HARMLESS AGREEMENT AND I DO SO KNOWINGLY AND VOLUNTARILY.

Participant Name (printed)

Participant Signature

Participant Name (printed)

Participant Signature

Today's Date ____/____/____

Participant Date of Birth ____/____/____

Address: _____

Phone: _____

Email: _____

PARENT OR GUARDIAN RELEASE AND WAIVER

I/We _____, am/are the parent(s) or guardian of _____, a minor, and on the minor's behalf and on my/our own behalf as the parent or guardian of the minor, I/we accept the release and waiver of liability contained within this form as an inducement for allowing my/our child, or this minor, to participate in equine activities which may occur at Hay Day Ranch Ranch. I/We have carefully read and understand the provisions as stated above, particularly, the INTRINSIC DANGERS associated with all equine activities. I/We further authorize emergency medical care which may be necessary. I/We represent and warrant that I/we have the legal authority to give this release.

_____/_____
Parent or Guardian #1 Date

_____/_____
Parent or Guardian #2 Date

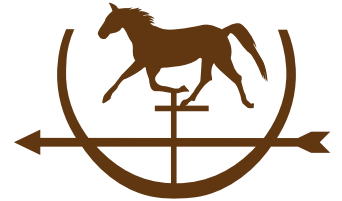
If you are not a biological parent of the minor, please provide the court jurisdiction which granted you legal custody of the minor and the date that you obtained legal custody.

Court

Date

Hay Day Ranch
Photo & Video Release

Hay Day Ranch



Horses Healing Hearts

I, the undersigned parent(s) or legal guardian(s) of _____ (the "Child"), or I, as a volunteer or partner of Hay Day Ranch hereby:

Authorize and consent to the Hay Day Ranch taking one or more photographs (the "Photograph(s)") or videos (the "Video(s)") of the child, volunteer, participant or guest for the sole purpose of using the images on our website and/or newsletters, videos and advertisements (the "Purpose").

Agree that the Photograph(s) and/or Video(s), any royalties, rights, benefits or other privileges therefrom shall be and become the exclusive property of the Hay Day Ranch and hereby assign to Hay Day Ranch, any and all right, title and interest that I may have in and to the Photograph(s), and further agree to give the Hay Day Ranch all assistance reasonably required to protect and perfect Hay Day Ranch's right in the Photograph(s), and/or Video(s)

By signing below I acknowledge having read and fully understood this document.

Witness:

Signature of Applicant
Parent/Legal Guardian/1

Date

Parent/Legal Guardian/1

Witness:

Signature of Parent or
Legal Guardian/2

Date

Parent/Legal Guardian/2