

Rise Up Therapeutic Horsemanship Liability Release (Year _____)

I, _____ (*Participant's name*) would like to participate in the Rise Up Therapeutic Horsemanship program and activities. I acknowledge the risks and potential for risks of horseback riding and related activities. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Rise Up, its Instructors , visiting Instructor(s), Volunteers, Assistants , Consultants, Employees, or it's Board of Directors; or against Bryan Pond Stable, its owner, employees, or boarders, for any and all injuries and/ or losses I/my son/my daughter/my ward may sustain while participating Rise Up Therapeutic Horsemanship activities.

Protective Headgear Policy: I understand and agree that Rise Up Therapeutic Horsemanship requires ALL riders and horsemanship participants to wear SEI CERTIFIED ASTM STANDARD protective headgear/helmets, which are less than 5 years old from manufacture date.(listed inside of helmet).

I am aware that any Equestrian Activity carries with it the potential for injury or death to any participant. I agree to assume and accept full responsibility for the inherent risks. I elect to participate in spite of the inherent risks. I have read and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate, and for all members of my family, including minor children.

Signature _____ (Parent/Guardian if participant unable to sign)
Printed Name of signer _____ Relationship _____

PHOTO RELEASE (check one)

I do I do not consent to, and authorize, the use and reproduction by **Rise Up Therapeutic Horsemanship** of any and all photographs and any other audio-visual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities, or any other use for the benefit of the program.

Signature _____ Date _____
(please circle: participant parent guardian)

PERMISSION TO SHARE (check one)

I do I do not consent to allow **Rise Up Therapeutic Horsemanship** instructors to share information regarding my/my son's/my daughter's/my ward's disabilities that they deem appropriate regarding my/his/her disability, lesson goals, or communication style including specific needs or precautions, with the lesson volunteers.

Exceptions: _____

Signature _____ Date _____
(please circle: participant parent guardian)