

Equi-Ed

Equines and Education

Mailing address: 1535 Farmer's Lane #217 Santa Rosa, CA 95405

Message/Fax: (707) 5-HORSES Website: www.equi-ed.org

Release Form

Name: _____ Birthdate: _____
Address _____ City : _____ Zip _____
Parent/Guardian/Spouse/Other (specify relationship _____)
Home Phone: _____ Cell _____ Work Phone _____ Email _____
In Emergency Contact: _____ Phone # _____

LIABILITY RELEASE:

WHEREAS, the undersigned acknowledges the inherent risks involved in riding and working with horses, which risks could include bodily injury from using, riding, or being in close proximity to horses, among other risks, and further, that both horse and rider or the volunteer assisting them can be injured in normal use or in competition or schooling (horses are unpredictable by nature, when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or to bite; horses are extremely powerful; and if a rider falls to the ground, the fall distance will be generally from 3 ½ to 5 ½ feet).

I understand these risks, and I voluntarily assume these risks and dangers with the feeling that the potential benefits to myself/my son/daughter/my ward are greater than the risk assumed.

IN CONSIDERATION, therefore, for the privilege and personal desire to take riding lessons and/or be with horses in the Equi-Ed Therapeutic Riding Program, whose instruction is held at 1218 Bennett Lane, Calistoga, CA and/or 10020 Loch Haven Road, Santa Rosa, CA the undersigned does hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, agrees to hold harmless and indemnify Equi-Ed, its directors, instructors, therapists, other volunteers, the owners of:

1218 Bennett Lane, Calistoga, CA

10028 Loch Haven Dr, Santa Rosa, CA

10020 Loch Haven Road, Santa Rosa, CA

1310 Bennett Ln, Calistoga, CA

and further release them from any liability or responsibility for accident, damage, injury, illness or death to the Undersigned or to any horse owned by the Undersigned while under the direction, instruction or participation in any aspect of the Equi-Ed Therapeutic Riding Program.

Student/Staff/Guest/Volunteer Signature Date: _____ 20__

(Parent/Guardian Signature if under 18) Date: _____ 20__

PHOTO RELEASE (Optional): I HEREBY CONSENT TO AND AUTHORIZE THE USE AND REPRODUCTION BY EQUI-ED OF ANY AND ALL PHOTOGRAPHS AND ANY OTHER AUDIOVISUAL MATERIALS TAKEN OF ME/MY CHILD/MY WARD FOR PROMOTIONAL PRINTED MATERIAL, EDUCATIONAL ACTIVITIES, EXHIBITIONS OR FOR ANY OTHER USE FOR THE BENEFIT OF THE PROGRAM.

Please check one: I DO NOT Consent I Consent

Student/Staff/Guest/Volunteer Signature Date: _____ 20__

(Parent/Guardian Signature if under 18) Date: _____ 20__

Student/Staff/Guest/Volunteer Signature Date: _____ 20__

(Parent/Guardian Signature if under 18) Date: _____ 20__