

TRI-STATE THERAPEUTIC RIDING SPECIAL EVENT LIABILITY FORM

DATE: _____ Name: _____ Age (if under 18): _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Name of School (if applicable): _____
Home Phone #: _____ Cell Phone #: _____

In Case of Emergency

Emergency Contact: _____ Relationship: _____
Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____
Address: _____
Physician: _____ Phone #: _____ Hospital: _____

In case of emergency, I give Tri-State Therapeutic Riding Center permission to secure medical treatment including x-ray, surgery, hospitalization, and medication for me.

Rider Signature: _____ Date: _____
Parent Signature (if under 18): _____ Date: _____

Photo Release

I consent to and authorize the use and reproduction by Tri-State Therapeutic Riding Center of any and all photographs and any other audio-visual material taken of me for promotional material, education activities, exhibitions, or for any other use for the benefit of the program.

Rider Signature: _____ Date: _____
Parent Signature (if under 18): _____ Date: _____

Liability Release

I acknowledge the risks and potential for risks of a program involving horses. However, I feel that the possible benefits are greater than the risk assumed. I hereby, intending to be legally bound for myself, my ward or administrators, waive and release forever all claims for damages against Rainbow Therapeutic Riding, its Board of Directors, instructors, therapists, volunteers, interns, and/or employees for any and all injuries and/or losses I may sustain while participating at Tri-State Therapeutic Riding Center or during an off-campus function.

Rider Signature: _____ Date: _____
Parent Signature (if under 18): _____ Date: _____

Confidentiality Statement

Tri-State Therapeutic Riding Center will preserve the right of confidentiality for all individuals in its program. The staff and volunteers will keep confidential all medical, social, personal, and financial information regarding a person and their family.

I understand and will observe the confidentiality policy of Tri-State Therapeutic Riding Center.

Rider Signature: _____ Date: _____
Parent Signature (if under 18): _____ Date: _____