



INFORMATION AND RELEASE FORM

Client: _____ Male / Female _____ Date of Birth _____ Age _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ School or Institution presently attending: _____
Email: _____

Mother/Guardian: _____ Place of Employment: _____
Telephone: _____ Work Telephone: _____
Father/ Guardian: _____ Place of Employment: _____
Telephone: _____ Work Telephone: _____
Parent/Guardian Address (if different) _____

In Case of Emergency

Contact: _____ Telephone: _____ Relationship: _____
Contact: _____ Telephone: _____ Relationship: _____

Liability Release

_____ (Client's Name) would like to participate in the _____ Therapeutic Riding Program. I acknowledge the risks and potential for the risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself: my heirs and assigns, executors or administrators, waive and release forever all claims to damages against Therapeutic Riding, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees, as well as for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in _____ Therapeutic Riding.

Date: _____ Signature: _____
Parent, Guardian or Client (over 18 years of age)

Photo Release:

I hereby consent to and authorize the use and reproduction by _____ Therapeutic Riding of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities, media, website or for any other use for the benefit of the program.

Date: _____ Signature: _____
Parent, Guardian or Client (over 18 years of age)

Photo Non-Consent Signature:

Date: _____ Signature: _____
Parent, Guardian or Client (over 18 years of age)

(THIS FORM IS TO BE UPDATED ANNUALLY)

WARNING
UNDER OHIO LAW, AN EQUINE
PROFESSIONAL IS NOT LIABLE FOR
AN INJURY TO, OR THE DEATH OF,
A PARTICIPANT IN EQUINE ACTIVITIES
RESULTING FROM THE INHERENT
RISKS OF EQUINE ACTIVITIES.



OHIO
HORSE
COUNCIL