

FREE REIN THERAPEUTIC RIDING

PO Box 30893
SPOKANE, WA 99223
509-448-1592

PHOTO RELEASE FORM

For valuable consideration given and which is hereby acknowledged to be sufficient, the undersigned hereby grant permission to Free Rein Therapeutic Riding to take or have taken still and moving photographs and films, including television footage, of the following individual:

Rider Name: _____ Date of Birth: _____
(Please Print)

The undersigned hereby consent and authorizes Free Rein Therapeutic Riding and its work to use and reproduce the photographs, films, and footage to circulate and publicize the same by all means, including and without limit to, the generality of the newspapers, television media, internet promotion including but not limited to Facebook, YouTube, blogs and webpage, publication, brochures, pamphlets, instructional materials, books and clinical materials.

With regard to the foregoing material, no inducement or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of Free Rein Therapeutic Riding to use or have used such photographs, films, and footage for the primary purpose of promoting and aiding Free Rein Therapeutic Riding and its work.

Consent for Photographs: Yes _____ No _____

Today's Date: _____

Signature (if over 18 years old) _____

Signature of Parent or Legal Guardian if under 18 _____

Please Print Name: _____

Free Rein Therapeutic Riding Emergency Medical Treatment Consent

Participant's Name:				
Address:		City & State:	Zip:	
Home Phone:		Work Phone:	Cell Phone	

Legal Guardian's Name:				
Address:		City & State:	Zip:	
Home Phone:		Work Phone:	Cell Phone:	

Physician's Name:			
Address	City & State	Zip	
Phone			

Health Care Insurance Company	
Policy Number	

Person who is Authorized to give temporary assistance or care:			
Name			
Home Phone	Work Phone	Cell Phone	
Please describe any medical conditions requiring special precautions or treatment and any medications and dosage:			

_____ (Participant) and his/her Legal Guardian _____ Consents as Follows:

In the event of a medical emergency, I authorize Free Rein Therapeutic Riding and/or its designated agent to authorize such medical assistance as it deems necessary. I further authorize any licensed physician and/or medical facility to provide any medical or surgical care and/or hospitalization for the participant deemed necessary or advisable until I am available or able to provide more specific authorization. So authorized:

Dated this _____ day of _____, 20____

Participant/Legal Guardian

If the participant is brought to Free Rein Therapeutic Riding by a caregiver other than the participant's parents, such caregivers are to remain on the Free Rein campus during the entirety of the participant's lesson and presence on the campus unless otherwise authorized by the Director of Free Rein Therapeutic Riding.

Although Free Rein Therapeutic Riding annually reviews this information, the participant or legal guardian is responsible for ensuring that the information is current.

FREE REIN THERAPEUTIC RIDING

HORSEBACK RIDING RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I, _____, hereby acknowledge that I and/or my legal guardian on my behalf have voluntarily registered to participate in an activity of horseback riding with Free Rein Therapeutic Riding. I fully understand that the activity of horseback riding or being near a horse, involves numerous dangers and risk of injury to me. I acknowledge that the assumption of all the risks involved is my responsibility and I completely release Free Rein Therapeutic Riding and its agents from all liability for any and all injuries caused by my participation in the general activity of horseback riding. **Please initial to show that you agree_____.**

I fully understand that an animal (horse) irrespective of its training and usual past behavior and characteristics, may act or react unpredictably based on instinct or fright, and that even the most gentle horse, when provoked or frightened, may rear, buck, run away or otherwise act in an unpredictable and dangerous manner. In addition, weather such as thunder, hail, lightening or snow, may cause a horse to rear, buck, run away or otherwise act in an unpredictable and dangerous manner. Having understood these and other dangers I fully assume all of the risks involved and completely release Free Rein Therapeutic Riding and its agents from liability for any and all injuries to me from general activity of horseback riding. **Please initial to show that you agree_____.**

I fully understand that riding on any type of terrain can be dangerous to my horse and me and that this danger increases when riding a horse fast, such as at a canter (lope) or at a gallop. Under these conditions, or even while riding at a slower pace, the horse may stumble, be thrown off balance, get caught in a hole or rut, fall or otherwise be dangerous to me. I also fully understand that I may, at any time, lose control of and/or fall off my horse, or have a collision. I fully assume the responsibility for all of these dangers and risks, and completely release Free Rein Therapeutic Riding and its agents from all liability for any and all injuries to me from the dangers and risks stated above. **Please initial to show that you agree_____.**

I fully understand that animals (horses) and conditions are unpredictable and that the risk of injury or death is inherent to the activity of horseback riding and/or being around horses. I fully assume the responsibility for the risk of injury or death caused by my contact with horses and horseback riding. I completely release Free Rein Therapeutic Riding and its agents from any and all liability for any and all injuries or death to me caused by my contact with horses and/or horseback riding. **Please initial to show that you agree_____.**

I agree not to sue, claim against, attach the property of or prosecute Free Rein Therapeutic Riding, its officers, board members, affiliated organizations, agents and/or its employees for riding and its related activities, whether or not such injury or death was caused by their negligence or from any other cause. **Please initial to show that you agree_____.**

I agree to release the State of Washington and all its agencies, agents, contractors, servants and employees for liability for any acts of Free Rein Therapeutic Riding causing injuries arising out of premises operation, acts of independent contractors, products completion, or personal injuries sustained due to Free Rein Therapeutic Riding's negligence in connection with providing services under this contract. **Please initial to show that you agree _____.**

I agree to defend, indemnify and hold harmless Free Rein Therapeutic Riding and all of its officers, board members, affiliated organizations, agents and employees for any injury or death caused by or resulting from my participation in the activity of horseback riding and its related activities, whether or not such injury or death was caused by negligence or from any other cause. **Please initial to show that you agree _____.**

This agreement shall be legally binding upon me, my family, my heirs, my estate, assigns, legal guardians, and my personal representatives. **Please initial to show that you agree _____.**

I have carefully read this agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have and I enter into this release of liability and indemnity agreement on behalf of myself of my own free will. **Please initial to show that you agree _____.**

This is a release of liability. Do not sign or initial the release if you do not understand and/or agree with its terms.

Participants under 18 years of age require the signature of a parent or legal guardian.

Signature of Participant

Signature of parent or legal guardian

Witness

Address

Telephone number

Date