

Seaside Therapeutic Riding Inc.

LIABILITY RELEASE (Required):

_____ (Name) would like to participate in the Seaside Therapeutic Riding program. I acknowledge the risks and potential for risks of horseback riding including grievous bodily harm. However, I feel that the possible benefits to me/ my child/ my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against Seaside Therapeutic Riding Instructors, Therapists, Aides, Volunteers, and /or Employees for any and all injuries and /or losses I/my child/my ward may sustain while participation in the Program from whatever cause including but not limited to the negligence of these released parties.

The undersigned acknowledges that he/she has read this Registration and Release Form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Date: _____

Signature _____

Relationship _____

TESTING RELEASE (NEW RIDERS ONLY): I have read the letter to prospective Seaside Therapeutic Riding, riders, parents and /or teachers. I understand the importance of pre- and post- testing of new riders. I give permission for _____ to be tested by Seaside Therapeutic Riding Inc..

Date: _____ **Signature:** _____