

Therapeutic Riding & Release Form

Dayspring Therapeutic Equestrian Center

Participant's Name: _____

Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____ Age: _____

Relationship: _____ Phone: _____

Email: _____

PHOTO RELEASE: (Please check one)

I hereby consent to and authorize...

I do not consent to, nor do I authorize the use and reproduction of any and all photographs and other audiovisual materials taken of me/participant/by Dr. Sheryl Fogle for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

LIABILITY RELEASE (PLEASE READ CAREFULLY!)

I would like to participate in Dayspring's Therapeutic Riding program. I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I feel that the possible benefits to my child are greater than the risk assumed. Under Texas Law, Chapter 87 an individual, including an equine activity sponsor, equine professional, livestock show participant, or livestock show sponsor, is not liable for property damage or damages arising from the personal injury or death of a participant in an equine activity or livestock show if the property damage, injury, or death results from the dangers or conditions that are an inherent risk of an equine activity.

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: _____

Program Fee: _____

Class Schedule: _____