



Therapeutic Equestrian Center



## Participant Releases and Liability Waiver

### **PARTICIPANT CONSENT, RELEASE, AND INDEMNIFICATION AGREEMENT**

I/We, the parent(s)/guardian(s)\* of \_\_\_\_\_ (participant's name), do hereby consent to and assume the unavoidable risks inherent in all horse related activities of said participant's participation in the therapeutic horsemanship program sponsored by Therapeutic Equestrian Center, Inc., at, 615 N. M 140, Watervliet, Michigan and/or other locations. I acknowledge and I understand that despite reasonable safety precautions, horsemanship experiences can result in injury and even death. I also acknowledge my understanding that there are no assurances that said participant will receive physical or psychological benefits from participation in said program and I understand that the ordinary risks associated with horseback riding are increased by virtue of said participant's disability.

I understand that UNDER THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY. I also understand that, in the event of any accident that might occur NO LIABILITY can be accepted by any organization concerned, including Therapeutic Equestrian Center, Inc., its agents or assigns. In consideration, therefore, for the privilege of riding and/or working around horses at Therapeutic Equestrian Center, the Undersigned does hereby agree to hold harmless and indemnify Therapeutic Equestrian Center, Inc., and further release it from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or to any horse owned by the Undersigned, or to any family member or spectator accompanying the Undersigned on the premises.

For and in consideration of the agreement of Therapeutic Equestrian Center, Inc. to provide equine activities to the aforesaid participant, I do hereby forever release, acquit, discharge and hold harmless Therapeutic Equestrian Center, Inc., its officers, directors, agents, employees, instructors, representatives and any therapists, volunteers and other persons associated with said program and the successors and assigns of each of them from all manner of claims, demands and damages of every kind and nature whatsoever which I or the aforesaid participant may now or in the future have against Therapeutic Equestrian Center, Inc., its officers, directors, agents, employees, instructors, representatives and any therapists, volunteers and other persons associated with said program and the successors and assigns of each of them on account of any personal injuries, physical or mental condition, known or unknown, to the person of the aforesaid participant, and the treatment thereof, as a result of, or in any way growing out of the acts or omissions of said parties in connection with said services or in any way incidental thereto.

\*\*Initials \_\_\_\_\_

**RESEARCH DATA RELEASE** The undersigned hereby grants permission to use all test results and scores obtained from evaluation, both formal and informal, of above named participant while said participant was in attendance at programs associated with Therapeutic Equestrian Center, Inc. Participant may be monitored and observed for educational study and research.

Page 1 of 3

Participant Releases and Liability Waiver Form 100-004 rev 09-06 Page 2 of 3

With regard to the foregoing statements, no use of the name of said participant will be included in published material. No promises have been made to me to secure my signature to this release other than the intention of Therapeutic Equestrian Center, Inc. or associated programs or consultants to use the test results and scores obtained from evaluations for the purpose of educational work and research.

\*\*Initials\_\_\_\_\_

### **PHOTO RELEASE**

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Therapeutic Equestrian Center, Inc. permission to take or have taken, still and moving photographs and films including television pictures of myself/son/daughter/ward and/or pictures of parents/guardians/siblings. I consent and authorize Therapeutic Equestrian Center, Inc., its advertising agencies, news media, and any other persons interested in Therapeutic Equestrian Center, Inc. and its work, to use and reproduce the photographs, films, and pictures to circulate and publicize the same by all means including without limitation the generality of the foregoing: newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material. I understand that the Therapeutic Equestrian Center is the owner of such photographs or films.

With regard to the foregoing material, no inducements or promises have been made to me to secure my signature to this release other than the intention of Therapeutic Equestrian Center, Inc. to use or be used such photographs, films and pictures for the primary purpose of promoting and aiding Therapeutic Equestrian Center, Inc. and its work.

\*\*Initials\_\_\_\_\_

### **PHYSICIAN RELEASE AND INDEMNIFICATION AGREEMENT**

I /We, the parent(s)/guardian(s)\* of \_\_\_\_\_ (name of participant), acknowledge that I understand the medical authorization of \_\_\_\_\_ (name of physician) does not constitute any assurance that the above named participant will receive physical or psychological benefits from the program conducted by Therapeutic Equestrian Center, Inc., nor does it constitute an assessment of the risk of possible injury to said participant in relation to the possible physical or psychological benefits to said participant from participation in the program.

In consideration of the services and the medical authorization of aforesaid physician, I hereby waive, release and relinquish any and all claims against him/her for any and all liability arising from his/her authorization for said participant to participate in the program offered by Therapeutic Equestrian Center, Inc. and I hereby agree to hold harmless and indemnify said physician against any and all claims arising from said authorization.

\*\*Initials\_\_\_\_\_

### **CONSENT FOR RELEASE OF MEDICAL INFORMATION**

I/We, the parent(s)/guardian(s)\* of \_\_\_\_\_ (name of participant), hereby authorize \_\_\_\_\_ (facility, individual, physician, etc.) to release information from the records of the above named participant to Therapeutic Equestrian Center, Inc. for the purpose of developing a Therapeutic Riding Program or Hippotherapy Program for the above-named participant. The information to be released is marked below. (Please make as many copies of this form as necessary for any additional releases needed.)

\_\_\_\_\_ Medical History

\_\_\_\_\_ Physical Therapy evaluation, assessment and program plan

\_\_\_\_\_ Occupational Therapy evaluation, assessment and program plan  
\_\_\_\_\_ Speech Therapy evaluation, assessment and program plan  
\_\_\_\_\_ Classroom Individual Education Plan (I. E. P.)  
\_\_\_\_\_ Other \_\_\_\_\_

\*\*Initials \_\_\_\_\_

\* In the event that you have sole legal custody of or are the sole living parent of the above named child/ward, only one signature is required, otherwise BOTH PARENTS OR GUARDIANS MUST SIGN prior to the child participating in the therapeutic riding program of the Therapeutic Equestrian Center, Inc. \*\* Please initial each section of this document to verify that you have read that section. **Your signature below indicates that you have read, understand and give consent to all segments of this document.**

\* **Participant**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\* **Mother / guardian**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\* **Father / guardian**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_