



HEALTH DIRECTED RIDING, INC.
Where Rehab Reins

Release of Liability

RELEASE OF LIABILITY

_____ Rider

_____ Volunteer

As a participant/volunteer at Health Directed Riding, Inc. I acknowledge the risks and potential for risks of a horseback riding program. I further acknowledge that the risk of injury includes the risk of serious and substantial bodily harm, including the potential risk of death.

In consideration for being allowed to participate in the therapeutic riding program, the undersigned does hereby forever, release, acquit, discharge, and hold harmless Health Directed Riding, Inc., its officers, trustees, agents, employees, successors, representatives, and assigns for all manner of claims, demands, and damages of every kind and nature whatsoever which the undersigned may now or in the future have against Health Directed Riding, Inc., its officers, trustees, agents, employees, successors, representatives, or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the person, and the treatment thereof, as a result of, or in any way growing out of the acts of Health Directed Riding, Inc., its officers, trustees, agents, employees, successors, representatives, or assigns, including but not limited to their negligence, in rendering their therapeutic riding programs or in any way incidental thereto.

Signature of participant/volunteer

Date

Signature of Parent/Guardian(if participant/volunteer is under 18) Date

