

**Fair Hill Therapeutic Riding Center
Therapeutic Riding Instruction**

Release of Liability

Whereas, I acknowledge the inherent risks involved in riding and working around horses, which risks can include, but are not limited to, bodily injury or even death caused by a fall, a kick or a bite from a horse. I understand that horses by nature are unpredictable and that horseback riding and/or working and being around horses is hazardous by nature and will expose me to above normal risks. I further understand that both horse and rider can suffer injury in normal use or competition and schooling and that I assume the enumerated risks.
____ (Initial)

Whereas, I certify that I am in good health and am physically capable of participating in this activity and have informed Fair Hill Therapeutic Riding Center of any conditions that may pose a safety concern to horse, the staff, or myself.
____ (Initial)

In Consideration, therefore for the privilege of taking lessons and working around horses at Fair Hill Therapeutic Riding Center, I agree that I am responsible for my own safety and that for the safety of my minor child, if an, named below.
____ (Initial)

Therefore, I acknowledge and agree in signing this release, that Fair Hill Therapeutic Riding Center and any of its employees, volunteers, instructors, managers, agents, and owners of leased facility and horses, will not be held liable if I the undersigned, or my minor child, suffer personal injury or death, or sustain any damage or loss as a result of my participation in horse related activities at Fair Hill Therapeutic Riding Center.
____ (Initial)

In the event this form is signed by the Parent/Guardian of a child, then all representations and acknowledgements herein are expressly made, by, for and on behalf of the parent/guardian and child.
____ (Initial)

In witness whereof, I, the undersigned intending to be legally bound, hereby set my hand and seal this date

Signature _____ date _____
(If under 18 must be signed by parent or guardian)

Printed Name _____

Address _____
Street City, State Zip

Phone _____ alt. phone _____ email _____

Name of Minor _____

Staff initial _____ Date Received/reviewed _____