

RELEASE OF LIABILITY

(This form must be updated annually)

(This form must be signed if the individual wishes to participate in any Due West Therapeutic Riding Center)

Name of Participant: _____

I acknowledge the risks and potential for risk of horseback riding and working with horses. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages or otherwise against Due West Therapeutic Riding Center, its Board of Directors, Officers, Instructors, Therapist, Aides, Volunteers and/or Employees, and agents for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating at Due West Therapeutic Riding Center.

WARNING: Under Kansas Law (K.S.A. 60-4001 through 60-4004), an equine professional is not liable for an injury to, or the death of, a participating in equine activities resulting from the inherent risks of equine activities. Inherent risks of domestic animal activities include, but shall not be limited to:

1. The propensity of domestic animals to behave in ways (i.e., running, biting, kicking, shying, stumbling, rearing, falling or stepping on persons that may result in an injury, harm or death to persons on or around them;
2. the unpredictability of a domestic animal's reaction to such things as sounds, sudden movement and unfamiliar objects persons or other animals;
3. certain hazards such as surface and subsurface conditions;
4. collisions with other domestic animals or objects; and
5. the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the domestic animal or not acting within such participants ability.

Yes, I would like above named person to participate in an equestrian program at Due West Therapeutic Riding Center. If the participant is my child or ward, I have discussed this with the participant's doctor. I understand and agree that Due West Therapeutic Riding Center, its Board of Directors, Officers, Instructors, Therapists, Aides, Volunteers and/or Employees, and agents will have NO LIABILITY in the event of any accident that may occur.

No person can be accepted for participation in a Due West Therapeutic Riding Center program until this form has been completed by the parent(s)/guardian. If the person is of legal age (18), he or she may complete the form if he or she is legally competent to do so. All activities will be under supervision and, although reasonable effort will be made to avoid any accident, Due West Therapeutic Riding Center will have NO LIABILITY.

I acknowledge that any involvement with horses is a high-risk activity and the participant assumes that risk. I have read this notice and release of liability and fully understand and agree with its content.

AGREED: _____
Signature of Adult Participant or Parent/Guardian if under 18 or have a guardian Date

Photo Release

I authorize the use and reproduction by Due West Therapeutic Riding Center of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional material, educational activities, exhibitions or any other use for the benefit of the program.

Please choose one:

_____ Yes, I consent to the above photo release

_____ No, I DO NOT consent to the above photo release

Signature of Adult Participant or Parent/Guardian if under 18

Date