



Horses Guiding Humans and Take Life in Stride Registration and Release of Liability Form

REGISTRATION:

Client: _____ DOB: _____ Age: _____

Street: _____

City/State: _____ Zip Code: _____

Home #: _____ Work #: _____ Emergency #: _____

Parent or Legal Guardian Name (s): _____

Home #: _____ Work #: _____ Emergency #: _____

School Attending: _____ Grade: _____

Any other agencies involved: _____

CONSENT AND WAIVER OF LIABILITY:

I, _____, hereby request that myself or the client named above be accepted into the equine-assisted psychotherapy program at Horses Guiding Humans or equine assisted- coaching and mentoring at Take Life in Stride program. I acknowledge that the personnel have fully explained to me the scope of the equine-assisted psychotherapy program, including the potential for injury which can occur from riding horses, caring for horses or being involved in therapeutic activities that include horses. Because of the potential benefits of the programs, I hereby waive any claim which I or the client may have against Horses Guiding Humans or Take Life in Stride Coaching and Mentoring and their officers, employees, volunteer, or contract personnel arising out of any injury which the client may sustain while involved in the program, unless caused by the willful misconduct or gross negligence of these programs, its employees, officers, volunteer or other contract personnel.

The undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider and spectator. In consideration, therefore, for the privilege of riding and/or working and/or participating in activities around horses with these programs.

_____, the undersigned does hereby agree to hold harmless and indemnify Horses Guiding Humans, Take Life in Stride, its employees, officers, volunteers, and contract personnel, and further release them 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 or spectator accompanying the Undersigned on the premises.

I have read this release.

Signature of client Date

Signature of Parent or Guardian Date

Signature of Provider(s) Date: