

**Equestrian Therapy Program (ETP)  
Consent/Release Agreement**

Name: _____	Date of Birth: _____
Address: _____	Home Phone: _____
City: _____ State: _____ Zip: _____	Work Phone: _____
Occupation or School: _____	EM/Cell Phone: _____
Disability: _____	Date of Onset: _____
Parent or Guardian: _____	EMAIL: _____

No student can be accepted for riding instruction until this form has been completed by the parent(s) or guardian. If the student is of legal age (18), he or she may complete the form, if he or she is legally competent to do so. Riding instruction will be under strict supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including ETP, an Ohio corporation, not-for-profit.

I/We acknowledge the risks and potential risks of horseback riding. However, I/We feel the possible benefits to \_\_\_\_\_ are greater than the risks assumed. I would like \_\_\_\_\_ to have riding instruction, and I have discussed this with the student's/my doctor. I understand that NO LIABILITY can be accepted by any person or organization in connection with this instruction, including the ETP in the event of an accident.

We, the undersigned, as parent/parents/guardian/guardians of \_\_\_\_\_, a minor or self, for and in consideration of the agreement of the ETP, an Ohio corporation, not-for-profit, to provide riding instruction to me or said minor, do/does hereby forever release, acquit, discharge, and hold harmless the ETP, its agents, employees, representatives, successors, or assigns on account of any personal injury, physical or mental condition, known or unknown, to the person of said minor/self, or resulting from the treatment thereof, or in any way growing out of the acts of the ETP, its agents, employees, representatives, successors, or assigns on account of any personal injury, physical or mental condition, known or unknown, to the person of said minor/self, or resulting from the treatment thereof, or in any way growing out of the acts of the ETP, its agents, negligence, in executing the services above described or in any way incidental thereto.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Parent(s)/Guardian

\_\_\_\_\_  
Signature Witness

\_\_\_\_\_  
Signature of Participant if over 18

Participants under age (18) must have this form signed either by both natural parents, or by the sole parent having legal custody, or by the participant's legal guardian.