



Liability Release Form

_____ (Name) would like to take part in The Shane Center for Therapeutic Horsemanship, Inc. program. I acknowledge the risk and potential risk of horseback riding and all equestrian activities, including, but not limited to, any of the following: (a) The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; (b) The unpredictability of an equine's reaction to sounds, sudden movements, unfamiliar objects, persons, or other animals; (c) hazards, including, but not limited to, surface or subsurface conditions; (d) a collision with another equine, another animal, a person, or an object; (e) the potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs, and my assigns, executors or administrators, waive and release forever all claims for damages against The Shane Center for Therapeutic Horsemanship, Inc., its Board of Directors, Instructors, Employees, Therapists, Aides and Volunteers from any and all injuries and/or losses //my son/my daughter/my ward may sustain while participating in The Shane Center for Therapeutic Horsemanship Inc.'s activities.

Date: _____

(Print Name)

(Signature)