



# BEARCAT THERAPEUTIC HORSEMANSHIP PARTICIPANT/VOLUNTEER/STAFF RELEASE OF LIABILITY

Name:		Date:	
Address:		City:	Zip:
Date of Birth:	Age:	Home Phone:	Cell Phone:
Email Address:		Work Phone:	
Emergency Contact		Phone:	
Physician's Name:		Preferred Medical Facility:	
Health Insurance Co:		Policy Number:	

## LIABILITY RELEASE

\_\_\_\_\_ (Participant's name) would like to participate in the Lander University Equestrian Center Bearcat Therapeutic Riding program. I acknowledge the risks and potential for risks of interaction with horses or horseback riding such as falls or other injuries related to interaction with horses. However, I feel the possible benefits to myself/family member are greater than the risk assumed. On behalf of myself, the Participant, or the Volunteer/Staff, my or his/her heirs, assigns, administrators, and personal representatives, I waive and release forever all claims for damages against Lander University and Burton Center for Disabilities and Special Needs, and their agents, employees, students, consumers, Trustees, Directors, Officers, Therapists, aides, and volunteers, for any and all injuries and/or losses the Participant or Volunteer/Staff may sustain while participating in the Lander University Bearcat Therapeutic Riding Program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Participant, volunteer, staff, parent/guardian if under 19)*

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by Lander University and Burton Center for Disabilities and Special Needs of any and all photographs and any other audiovisual materials taken of myself/family member for promotional printed material, educational activities or for any other use for the benefit of the program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Participant, volunteer, staff, parent/guardian if under 19)*

## CONFIDENTIALITY POLICY

I understand that all information (written and verbal) about participants at this Lander University Bearcat Therapeutic Riding Program is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Participant, volunteer, staff, parent/guardian if under 19)*