



# VALLEY THERAPEUTIC EQUESTRIAN ASSOCIATION

## PARENT/GUARDIAN RELEASE FORM

Rider: \_\_\_\_\_

No student can be accepted for riding instruction until this form has been completed by the parent(s) and/or guardian(s). If the student is of legal age (18), he or she may complete this form, if he/she is legally competent to do so. Riding instruction will be under strict supervision and although every effort is made to avoid accidents, no liability can be accepted by Valley Therapeutic Equestrian Association or our property owners.

All information must be completed and witnessed – if the forms are not witnessed they are rendered invalid. Please have a person witness them when you sign them.

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### **1. For Parents/Guardians to complete – if the rider is under 18 or over 18 but not legally competent to complete these forms:**

I/We would like \_\_\_\_\_ to have riding instruction. We, the undersigned, do forever release, acquit, discharge and hold harmless Valley Therapeutic Equestrian Association, its agents, employees, volunteers, representatives, successors or assigns on account of any personal injuries, physical or mental condition, as a result of or in any way growing out of the acts of Valley Therapeutic Equestrian Association, including but not limited to their negligence, in executing the services above described or in any way incidental thereto.

Names of Parent(s)/Guardian(s) (please print):

\_\_\_\_\_

Signature of Parent(s)/Guardian(s):

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

Signature of Witness:

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

**2. For Riders to complete if they are over 18 and legally competent to do so:**

I would like to have riding instruction. As the undersigned, I do forever release, acquit, discharge and hold harmless Valley Therapeutic Equestrian Association, its agents, employees, volunteers, representatives, successors or assigns on account of any personal injuries, physical or mental condition, as a result of or in any way growing out of the acts of Valley Therapeutic Equestrian Association, including but not limited to their negligence, in executing the services above described or in any way incidental thereto.

Name of Rider (please print): \_\_\_\_\_

Signature of Rider:

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

Signature of Witness:

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

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**Photo Release:**

The undersigned hereby grants to Valley Therapeutic Equestrian Association permission to take or have taken, still and moving photographs, files, videos, etc. of myself/child/ward for any promotional printed material, educational activities or for any other use to benefit the program.

Signature (rider/parent/guardian):

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

Signature of Witness:

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