



**GENERAL RELEASE**

**Participant Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

(Check) The above is a  Volunteer  Sister/Brother of Student  Other: \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Branch of Service** \_\_\_\_\_

**Faith Equestrian Therapeutic Center Instructor/Trainer or Therapist**

**Name** \_\_\_\_\_ **Name:** \_\_\_\_\_

**If Applicable, Parent/Guardian/Caregiver Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**IN CASE OF EMERGENCY:**

**Contact Name/Relation:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Contact Name/Relation:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**MEDICAL RELEASE:**

In case of an emergency, I (check one) [  **give permission** ] [  do not give permission ] to Faith Equestrian Therapeutic Center to secure medical treatment including x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital service rendered under the general or specific instructions of any physician or hospital. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and other medical expenses reasonably and necessarily incurred.

**PHOTO RELEASE:**

(Check one) [  **I consent to and authorize** ] [  I do not consent to nor authorize ] the use and reproduction by Faith Equestrian Therapeutic Center of any and all photographs and any other audio visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

**LIABILITY RELEASE:**

I acknowledge the risks and potential risks of a horseback riding program, including risk of bodily injury or death resulting from kicks and bites, falling off horses or horse falling on rider, being dragged by a foot caught in the stirrups, being thrown by horse, equipment failure or collision with horses or vehicles or other inanimate objects. However, I feel the possible benefits to my family or the child I care for are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Faith Equestrian Therapeutic Center, its board of directors, instructors, therapists, volunteers and/or Employees for any and all injuries and/or losses I may sustain as a result of use of Faith Equestrian Therapeutic Center property, equipment, or facilities.

**WARNING: Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.**

***I HAVE READ THE ABOVE RELEASES AND GIVE EMERGENCY MEDICAL, PHOTO, and LIABILITY CONSENT AS INDICATED ABOVE:***

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

**Print Name:** \_\_\_\_\_

**IF YOU ARE UNDER 18 YEARS OF AGE, YOUR PARENT OR GUARDIAN MUST SIGN THIS FORM BEFORE YOU RIDE OR WORK AROUND HORSES.**