



Volunteer Release Form

**Parent or Guardian Signature is required for any
participant under the age of 18**

Notice: A PERSON WHO IS ENGAGED FOR COMPENSATION IN THE RENTAL OF EQUINES OR EQUINE EQUIPMENT OR TACK OR IN THE INSTRUCTION OF A PERSON IN THE RIDING OR DRIVING OF AN EQUINE OR IN BEING A PASSENGER UPON AN EQUINE IS NOT LIABLE FOR THE INJURY OR DEATH OF A PERSON INVOLVED IN EQUINE ACTIVITIES, AS DEFINED IN SECTION 895.481 (1) (e) OF THE WISCONSIN STATUTES.

LIABILITY RELEASE: I /my child/my ward would like to participate in the Rides & Reins, T.E.C. Inc program. I acknowledge the risk and hazardous nature of horse activities and horseback riding. However, I feel that the possible benefits are greater than the risks 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 Rides & Reins T.E.C., its Board of Directors, instructors, therapists, aids, volunteers, horse owners, and/or employees, stable property owners for any and all injuries and/or losses that I/MYCHILD/MY WARD MAY SUBSTAIN WHILE TRAVELING TO OR FROM OR PARTICIPATING IN ANY RIDES & REINS ACTIVITIES.

I have read and executed this release this _____ day of _____ 20____ and have delivered the original to Rides and Reins, and retained a copy.

Signature _____

Parent or Guardian _____

PHOTO RELEASE: Consent to and authorize the use and reproduction by Rides and Reins Therapeutic Riding Center of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

Signature _____

Parent or Guardian _____

Rider's Name _____ Rider's Birth Date _____

Address _____

City/State/Zip _____

Telephone Number _____