

**Equines for Healing**  
**633 Whiskey Road, Ridge NY**  
**Equine-Assisted Learning & Horseback Riding Liability Release Form**

**Participant's Information**

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Emergency Contact Name: \_\_\_\_\_
- Emergency Contact Phone Number: \_\_\_\_\_

**Medical Information**

- **Medical Conditions (if any):** \_\_\_\_\_
- **Medications (if any):** \_\_\_\_\_
- **Allergies (if any):** \_\_\_\_\_

*I confirm that all medical information provided is accurate and that I have disclosed all relevant health information that may affect my participation in activities at Equines for Healing.*

**Assumption of Risk and Release of Liability**

I acknowledge that participation in equine-assisted learning activities and horseback riding with Equines for Healing involves certain inherent risks, including but not limited to, the unpredictable nature of equines, which may result in accidents, injuries, or death. I understand that these risks are a natural part of working with animals and that both mounted and unmounted activities carry similar risks.

By signing below, I voluntarily assume all risks associated with equine activities at Equines for Healing, including but not limited to physical injury, emotional stress, or other harm.

**Hold Harmless Agreement**

In consideration of being allowed to participate in equine-assisted learning and horseback riding activities, I agree to hold harmless and release Equines for Healing, its owners, agents, volunteers, and employees from any liability, claims, or causes of action related to any accident, injury, illness, or damage incurred by myself (or my minor child) in connection with equine activities.

**Release of Liability for Minors**

If signing on behalf of a minor, I confirm that I am the legal guardian of the child named above and that I consent to their participation in equine activities. I agree to assume all risks on behalf of the minor and release Equines for Healing and its representatives from liability.

**Photo Release (optional)**

I consent to the use of photos or videos taken of myself (or my minor child) during activities at Equines for Healing for promotional or educational purposes.

☐ Yes

☐ No

**Participant's Signature (or Parent/Guardian if under 18)**

- Signature: \_\_\_\_\_
- Printed Name: \_\_\_\_\_
- Date: \_\_\_\_\_

**Emergency Contact's Signature (if different from above)**

- Signature: \_\_\_\_\_
- Printed Name: \_\_\_\_\_
- Date: \_\_\_\_\_

**Witness Signature**

- Signature: \_\_\_\_\_
- Printed Name: \_\_\_\_\_
- Date: \_\_\_\_\_