

**Therapeutic Riding, Inc. Form #3**  
**4715 E. Joy Road, Ann Arbor, MI 48105**

**Parent/Guardian-Adult Rider Informed Consent and Release of Liability Agreement**

This form is valid until December 31 of the year signed.

**No individual can be accepted for riding instruction in Therapeutic Riding Inc. until this form has been completed by his/her parent(s)/guardian or by the individual if he/she is a legally competent adult 18 years of age or older.**

I/we assume the risks and accept the consequences involved in the participation of:

\_\_\_\_\_  
Rider's Name

In the Therapeutic Riding Inc. program, 4715 E. Joy Road, Ann Arbor, MI 48105.

I/we acknowledge that horses may be dangerous because they may, without warning, buck, stumble, kick, or move in otherwise unpredictable ways.

I/we are hereby informed of the possible dangers to me/my child/my ward that may result from participation in the program, including soft tissue (including skin and muscle) injury, ligament and tendon injury, bone/joint injury, and exacerbation of chronic conditions.

I/we accept the responsibility for complying fully with all safety rules and practices and I/we will consult with the instructor and/or director of Therapeutic Riding Inc. for advice in circumstances where safe practices are in doubt.

I/we hereby release Therapeutic Riding Inc., including their instructors, staff, Board of Directors, and volunteers, from any liability for injury that may result from participation in the program. This release does not encompass "gross negligence."

**I/WE HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent(s)/Guardian/Adult Rider (Circle appropriate title.)

**THIS FORM MUST BE WITNESSED BELOW BEFORE RETURNING**

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

**Printed Name of Witness:** \_\_\_\_\_