

General Liability Release, Confidentiality Agreement, Photo and Video Release

Participant Name:		
Date:	<u> </u>	
Parent/Legal Guardian/ Conservator (if applicable)		
Liability Release:		
facility where horses are kept a benefits to me/my son/my dau to bind myself, my heirs, and a forever all claims for loss or da Directors, Instructors, Therapillosses that I/my son/my daugh program. This release includes supervision. I engage in activit I assume all risks of injury, deamyself. I acknowledge that Wo	(participant, parent, guardian, or conservator), ential risks for horseback riding and activities in and around a and farm machinery operated. However, I feel that the possible ghter/my ward are greater than the risk assumed. Intending legally assigns, executors or administrators, I herby waive and release amages of any kind against Worthy Stables, it's Board of sts, aids, Volunteers and employees for any and all injuries and ter/my ward may sustain while participating in the Worthy Stables without limitation the risk of negligent instruction and ties at Worthy Stables voluntarily with knowledge of the risks and ath, and property damage that may result. I agree to bear any loss orthy Stables and the property owners are materially relying on this in allowing me/my son/my daughter/my ward to participate in	
Date		
Signature		
	(Participant, Parent or Caregiver)	

Photo and Video Release:	
I consent to and authorize:	
I do not consent to nor do I authorize:	
the use and reproduction by Worthy Stables of any other audio/visual materials taken of son/my daughter/my ward for distribution to the public for promotional printed material educational activities or for any other use for the benefit of the program.	2
Date	
Signature	
(Participant, Parent or Caregiver)	