

Volunteer Release Agreement - 2025 Elliott Acres Therapy Riding, Inc.

Name _____ **E-mail** _____

Address _____

Home Phone _____ **Cell** _____

Age ___ **Height** ___ **Weight** ___ **Experience(list on back)** _____

Days and time I am available

Liability Release:

The undersigned, in consideration of the agreement of Elliott Acres Therapy Riding, Inc. Agree to provide assistance for therapeutic riding instruction, do/does hereby forever release, acquit, discharge and hold harmless Elliott Acres Therapy Riding, Inc., Its officers, trustees, agents, employees, representatives, successors and assigns, for all manner of claims, demands and damage or every kind and nature whatsoever which the undersigned or said minor may now or in the future have against Elliott Acres Therapy Riding, Inc., its officers, trustees agents, employees, and representatives, successors or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the person and acts of Elliott Acres Therapy Riding, Inc., Its officers, trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence, in referring the service.

Signature _____ (parent if under 18) **Date** _____

Photo Release:

I hereby consent to and authorize the use and reproduction by Elliott Acres Therapy Riding, Inc. of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities for any other use for the benefit of the program.

_____ **Yes** _____ **No**

Signature _____ (parent if under 18) **Date** _____