

**Rising Tide Therapeutic Equestrian Center, Inc.**  
**Release and Hold Harmless Agreement**

No student will be accepted for therapeutic horsemanship instruction and no volunteer accepted for service at Rising Tide Therapeutic Equestrian Center, Inc. until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED** by the parent(s) or guardian(s) of a minor or, if the student or volunteer is of legal age and sound mind, by the student or volunteer.

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding, driving, and working around horses. This includes bodily injury from horseback riding or driving or being in close proximity to horses. Among other risks, both horse and rider can be injured during normal use or in competition and schooling. In order to provide this valuable service, **NO LIABILITY** can be accepted by the **Rising Tide Therapeutic Equestrian Center, Inc.** or any of the organizations or persons connected with the above named facility.

**IN CONSIDERATION** for the privilege of riding, driving and/or working around horses at the **Rising Tide Therapeutic Equestrian Center, Inc.**, the undersigned, as self, or as parents(s), or guardian(s) of the named minor, jointly or severally, do hereby agree to release, hold harmless and indemnify the **Rising Tide Therapeutic Equestrian Center, Inc.**, its officers, directors, trustees, agents, employees, volunteers, representatives, successors and assigns from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorney's fees, which the undersigned or said minor may now or in the future have against the **Rising Tide Therapeutic Equestrian Center, Inc.**, its officers, directors, trustees, agents, employees, volunteers, representatives, successors, and assigns, on account of any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to, acts or incidents occurring at or relating to the **Rising Tide Therapeutic Equestrian Center, Inc.**, its officers, directors, trustees, agents, employees, volunteers, representatives, successors or assigns, including but not limited to their negligence or gross negligence in rendering the services described above or in any way incidental there to.

I have carefully read this agreement and fully understand its contents.

Participant Name (Print) \_\_\_\_\_  
Participant or  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Tele.# \_\_\_\_\_