THERAPEUTIC
HORSEMANSHIP

332 Stable Lane. Wentzville. MO 63385 Phone: 636.332.4940 Fax: 636.332.4941

CONSENT, RELEASE AND INDEMNIFICATION AGREEMENT

We, the parents* (guardian) of_____ hereby consent to and assume the risk of our child participating in the therapeutic horsemanship program sponsored by THERAPEUTIC HORSEMANSHIP, under the supervision of physical and occupational therapists and which is conducted at THERAPEUTIC HORSEMANSHIP and ROCKING R RANCH..

We/I acknowledge our understanding that there are no assurances that our child/I will receive physical or psychological benefits from participation in said program and our understanding that the ordinary risks associated with horseback riding are increased by virtue of our child's/my disability.

For and in consideration of the agreement of THERAPEUTIC HORSEMANSHIP and ROCKING R RANCH to provide riding instructions to aforesaid child/self, we do hereby forever release, acquit, discharge and hold harmless THERAPEUTIC HORSEMANSHIP and ROCKING R RANCH their officers, directors, agents, employees, representatives and any therapists, volunteers and other peoples associated with said program and the successors and assigns of each of them on account of any personal injuries, physical or mental condition, known or unknown, to the person of our aforesaid child, and the treatment thereof, as a result of, or in any way growing out of the acts or omissions of said parties in connection with said services or in any way incidental thereto.

Under Missouri Law an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the revised statutes of Missouri.

Dated:_____ _____
Father (guardian)

_____
Mother (guardian)

_____
Self (If over 18 years of age)

*In the event that you have sole legal custody of or are the sole living parent of the above-named child, only one signature is required.

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant to THERAPEUTIC HORSEMANSHIP permission to take or have taken, still and moving photographs and films including television pictures of our child / self _____ and consents and authorizes THERAPEUTIC HORSEMANSHIP, its advertising agencies, news media and any other persons interested in THERAPEUTIC HORSEMANSHIP, and its work, to use and reproduce the photographs, films and pictures to circulate and publicize the same by all means including without limited the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises other than the intention of THERAPEUTIC HORSEMANSHIP to use or be used such photographs, films and pictures for the primary purpose of promoting and aiding THERAPEUTIC HORSEMANSHIP and its work.

Dated _____ Signed _____