

2021 Participant/Volunteer Release/Waiver
RIVER VALLEY RIDERS
Equine Assisted Activities and Therapies



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Participant/Volunteer Liability Release

As a participant/volunteer at River Valley Riders, I acknowledge the risks and potential for risks being involved with a horseback riding and carriage driving program. Examples of the risks are being bit, stepped on, kicked or pushed by a horse, and triggering back strain by lifting tack/equipment. These are some of the potential risks but there are others that may result in bodily injury, permanent disability, death, property damage or loss. **I understand that under Minnesota law (statute 604A.12) and Wisconsin law (statute 895.481), River Valley Riders is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.** I accept the risk assumed and I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against River Valley Riders, its board of directors, instructors, therapists, volunteers and/or employees ("Released Parties") for any and all injuries and/or losses I may sustain while participating in River Valley Riders at all times and at all locations.

Choose one box to complete and then continue to Page 2.

I, the volunteer/participant, am 18 years of age or older and do not have a legal guardian.

Signature: _____ Date: _____

For participants/volunteers under the age of 18 years or with one or more legal guardians:

This is to certify that I, as Parent, Guardian or Temporary Guardian with legal responsibility for the participant/volunteer, do consent and agree to this Liability Release on behalf of the participant/volunteer and myself. Also I release and indemnify the Released Parties from any and all liabilities and claims incident to the participant/volunteer's involvement in these activities for myself, my heirs, successors and assigns.

All parents or legal guardian(s) of the participant/volunteer must acknowledge and by their signature, they release all claims that they and the participant/volunteer may have.

Signature of Parent/Legal Guardian(s): Printed Name of Parent/Legal Guardian(s): Date:

Photo Release

I consent to and authorize the use and reproduction by River Valley Riders of any and all photographs and any other audio-visual materials taken of me for promotional material, website, educational activities, exhibitions or for any other use for the benefit of the program.

Choose one box to complete.

I, the participant/volunteer, am 18 years of age or older and do not have a legal guardian.

Signature: _____ Date: _____

For participants/volunteers under the age of 18 years or with one or more legal guardians:

This is to certify that I, as Parent, Guardian or Temporary Guardian with legal responsibility for the participant/volunteer, do consent and agree to this Photo Release on behalf of the participant/volunteer and myself.

All parents or legal guardian(s) of the participant/volunteer must acknowledge and by their signature, they release all claims that they and the participant/volunteer may have.

Signature of Parent/Legal Guardian(s): Printed Name of Parent/Legal Guardian(s): Date:

Emergency Contact

Notify: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

In case of emergency, RVR will call 911 to secure appropriate medical care.