

River Valley Riders Emergency Contact and Liability Release Form 2018

Liability Release

_____ (client's name) would like to participate in River Valley Riders. I acknowledge the risks and potential for risks of equine assisted activities and therapies, including horseback riding and carriage driving. **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 for any and all injuries and/or losses I/my child/ward may sustain while participating in River Valley Riders.

Signature: _____ Date: _____
Client, parent, or guardian

In Case Of Emergency

Notify: _____ Phone: _____

Physician: _____ Phone: _____

Hospital: _____

List insurance carrier: _____

In case of emergency, I give permission for River Valley Riders to secure medical treatment including x-rays, surgery, hospitalization and medication.

Signature: _____ Date: _____
Client, parent, or guardian

Photo Release (Required)

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

Signature: _____ Date: _____
Client, parent, or guardian