



LIABILITY RELEASE

_____ ,

(client's name)

would like to participate in the **Regina Therapeutic Riding Association** program.

I am aware and acknowledge the potential risk of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed.

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 the **Regina Therapeutic Riding Association**, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or employees for any and all injuries and/or losses I/my son/my daughter/my ward/ may sustain while participating in the **Regina Therapeutic Riding Association** program.

Date: _____

Name: _____ Signature: _____
(print) (client, parent or guardian)

Witness: _____ Signature: _____
(print)