



CONSENT FORM

SPECIAL NOTE TO PARENTS/GUARDIANS: The Mount View Special Riding Association has been operating since 1983 and has given many lessons to a large number of people with disabilities. We take our responsibility to provide the safest environment for the riders very seriously, however it is simply not possible to guarantee that there is no risk involved in riding horses. We can only pick out and train the best people to be our instructors, coordinators and volunteers - and we do just that! The same goes, of course, for the horses we use. Horses, though, even the quietest and best trained can sometimes be unpredictable. This must be recognized as a built-in part of riding for anyone who is taking part - or for any parent who is watching.

We have to point out that falls and bumps may occur. We feel that people with disabilities must be given the opportunity to fail at something, then pick themselves up out of the dust, and climb aboard for another try. This is how anyone achieves his or her goals.

We will continue to strive for the safest and highest quality of program. We feel sure we can count on your continued confidence at any time.

PLEASE READ AND SIGN

I would like _____ to have riding instruction and I have discussed this with the rider's physician. I have read the above "Special Note to Parents/Guardians" and acknowledge its contents and the inherent risks, and potential for risk, of horseback riding. I hereby, intending to be legally bound, understand that **NO LIABILITY** for myself, my heirs and assigns, executors and administrators can be accepted by any organizations concerned with this instruction, including Mount View Special Riding Association, its Board of Directors, instructors, therapists, aides and volunteers and/or anyone providing facilities or equipment and waive and release all claims and damages against them.

Rider or Parent/Guardian Signature (*)

Date

Witness Signature

Date

PHOTO/VIDEO/AUDIO CONSENT AND RELEASE

In consideration of the Mount View Special Riding Association continuing to provide services to the community, I hereby:

- ✓ Grant permission to the said Association and all members of its staff to take and use, for the purpose of instruction, promotion and publication in scientific journals and for other similar purposes, photographs of _____ (insert myself or name of rider)
- ✓ Grant permission to the said Association and all members of its staff to take and use, for the purpose of instruction, promotion and publication in scientific journals and for other similar purposes, video and/or audio tapes of _____ (insert myself or name of rider)
- ✓ Release all claims on behalf of myself, my heirs, executors, administrators and assigns which I (or the said participant) may have against the said Association, its affiliates, and all members of its staff for the use of any photographs, video and/or audio tapes taken and used as aforesaid.
- ✓ Exceptions to the above: _____.

Rider or Parent/Guardian Signature (*)

Date

Witness Signature

Date

(* If signed as a parent or guardian of the rider, relationship to the participant must be indicated).