



Additional Release Form for Applicants with Seizures

Applicant has been seizure-free for six months while on medication or for one year without medication _____ YES _____ NO
(Note: Riders with uncontrolled seizures are not permitted to ride)

Applicant has absence seizures (Note: Riders with absence seizures which do not affect the rider's balance, posture or tone will not be allowed to ride independently but may still be accepted to ride with MVSRA and are subject to MVSRA approval) _____ YES _____ NO

The applicant's Doctor has approved riding as suitable for the applicant _____ YES _____ NO

Please read & sign:

I would like _____ to have riding instruction.

I am aware of the risk and potential for additional risks for riders with seizures. I have read the Canadian Therapeutic Riding Association (CanTRA) Policy regarding seizures. I understand that NO LIABILITY can be accepted by any organizations or individuals concerned with this riding instruction; including Mount View Special Riding Association and or any one providing facilities, equipment or support. I, hereby intending to be legally bound for myself, my heirs and assigns, executors and administrators, wave and release forever all claims of damage against Mount View Special Riding Association, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses the rider may sustain while participating in Mount View Special Riding.

Parent/Guardian Signature*

Date

Witness Signature

Date

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