



**Additional Release Form for Downs Syndrome Applicants
Regarding: Atlanto-Axial Instability.**

Applicant has had a detailed neurological exam	_____ YES _____ NO
Applicant has had an atlanto-axial x-ray	_____ YES _____ NO
A neurologist has determined that the gap between C1 and C2 is less than 4.5 mm Please attach a copy of the Radiologist's x-ray report	_____ 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 Downs Syndrome. I have read the Canadian Therapeutic Riding Association (CanTRA) Policy regarding Downs Syndrome and Atlanto-Axial Instability. 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)