



Special Conditions Doctor Acknowledgement Form

Regarding the following Rider: _____

Having read the Canadian Therapeutic Riding Association (CanTRA) Policy regarding _____, and being aware of the potential risks involved with horseback riding and the additional risks for riders who have _____, I agree that the above-mentioned rider can participate in the riding activities as described and offered by Mount View Special Riding Association.

Doctor Signature

Date

Signed Doctor Acknowledgement to be attached to the completed MVSRA Medical form required with the Rider's application