

River Valley Riders Emergency Contact and Liability Release Form

Therapeutic Horseback Riding Services at 2007 Neal Avenue South, Afton, MN

for _____ on _____
School Date

Liability Release

_____ (student's name) would like to participate in River Valley Riders. I acknowledge the risks and potential for risks of a horseback riding program. This activity will be conducted by Joan Berg PATH Intl. Certified Instructor; program volunteers; and ISD 622 staff members. **I understand that under Minnesota law (statute 604A.12), River Valley Riders is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.** I accept the risk assumed and 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 River Valley Riders, the board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I/my child/ward may sustain while participating in River Valley Riders.

Signature: _____ Date: _____
Parent or guardian

In Case of Emergency

Notify: _____ Phone: _____

Physician: _____ Phone: _____

Hospital: _____

List insurance carrier: _____

In case of emergency, I give permission for River Valley Riders to secure medical treatment including x-rays, surgery, hospitalization and medication.

Signature: _____ Date: _____
Parent or guardian

Photo Release: Optional

I hereby consent to and authorize the use and reproduction to River Valley Riders of any and all photographs and any other audio-visual materials taken of me/my daughter/my son/my ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Parent or guardian