

Photo Release

Please mail to: Northland Therapeutic Riding Center, P.O. Box 1267, Kearney, MO 64060

I consent to and authorize the use and reproduction by Northland Therapeutic Riding Center of any and all photographs and any other audio-visual materials taken of me for promotional material, education activities, exhibitions or for any other use for the benefit of the program.

Date: _____

Signature of volunteer or rider: _____

Signature of parent/guardian (if under 18 years): _____

Liability Release

As a volunteer or rider at Northland Therapeutic Riding Center, I acknowledge the risks and potential for risks of a horseback riding program. I feel, however, that the possible benefits to myself or for the minor for whom I am legally responsible are greater than the risk assumed. 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 Northland Therapeutic Riding Center, its board of directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in Northland Therapeutic Riding Center's program/activities.

Date: _____

Signature of volunteer or rider: _____

Signature of parent/guardian (if under 18 years): _____