Charlotte Dougherty –Executive Director of SpiritHorse Therapeutic Riding Center of the San Francisco Bay Area, 1105 Taylor Ave, Vallejo CA 94591

**AN AGREEMENT AND RELEASE FROM LIABILITY CONTRACT -**

**Liability Release/Rider Release Form:**

Rider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_

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Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Rider Email:\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

Parent/Guardian/Conservator (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I acknowledge the risks, potential for risks & danger of horseback riding and activities in and around a facility where horses are kept and farm machinery operated. However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risk assumed. Intending legally to bind myself, my heirs, and assigns, executors or administrators, I hereby waive and release forever all claims for loss or damages of any kind against SpiritHorse Therapeutic Riding Center of the San Francisco Bay Area, its Board of Directors, Instructors, Therapists, Aides, Volunteers, Employees, for any and all injuries and losses that I/my son/my daughter/my ward may sustain while participating in the riding program. I engage in activities at SpiritHorse Therapeutic Riding Center of the San Francisco Bay Area., voluntarily with knowledge of the risks and I assume all risks of injury, death, and property damage that may result. *I, the undersigned, in consideration for me or my minor children being permitted by SpiritHorse to participate in activities on City of American Canyon property leased by SpiritHorse, hereby waive, release, and discharge any and all claims for damages to the City of American Canyon due to personal injury, death, or property damage which result from participation. I, the undersigned, hereby agree to indemnify and hold harmless any loss, liability, damage, cost or expense of any of the City of American Canyon’s officers, employees and agents arising out of my, or my minor child’s participation in the indicated activities, even though that liability may arise out of negligence or carelessness. It is understood that this waiver, release and assumption of risk is to be binding on my heirs and assigns.***

***I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN SPIRITHORSE, THE CITY OF AMERICAN CANYON AND ME. I HAVE CAREFULLY READ THE ABOVE AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS***

**Date: \_\_\_\_\_\_\_\_\_\_** **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo and Video Release:**

The use and reproduction by SpiritHorse Therapeutic Riding Center of the San Francisco Bay Area, of any other audio/visual materials taken of me/my son/my daughter/my ward for distribution to the public for promotional printed materials, educational activities or for any other use for the benefit of the program.

**I consent to and authorize Photo and Video Use: \_\_\_\_\_\_\_**

**I do not consent to nor do I authorize Photo and Video Use: \_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Confidentiality Agreement:**

I understand that all information (written and verbal) about participants at this center is confidential and not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**