

T.H.R.I.L.



Therapeutic Horse Riding In Lindsay

**Release Form for Riders Prone to Seizures
(This form is to be completed for any rider who is prone to or has had seizures)**

Rider: _____

Guardian: _____

Address: _____

Phone #: _____ Cell #: _____

Email: _____

The undersigned hereby gives consent for the rider to participate in the therapeutic horseback riding program offered by THRIL at Field of Dreams Farm. It is understood that there is an increased risk of injury because the rider is prone to seizures (or has experienced seizure in the past). The undersigned hereby releases and discharges THRIL and Field of Dreams Farm, its staff, instructors, agents, volunteers, and board members from any and all claims, demands or actions inclusive of costs that may arise out of the clients participation in the program, including any claims or actions for the injuries sustained by the client while participating in the program, regardless of how such injuries may be caused.

Rider/Guardian signature: _____

Witness: _____

Date: _____

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Visit us at www.thril.ca
Charitable # 76982 4913 RR0001
A non-profit charitable organization located at
Field Of Dreams Farm – Where Dreams Come True!
1072 Monarch Rd, Lindsay, On K9V 4R1 (705) 324 2756 info@thril.ca