

T.H.R.I.L.



Therapeutic Horse Riding In Lindsay

Therapeutic Riding Program

Liability Release

(Rider) _____ would like to participate in Horseback Riding Lessons. I acknowledge the risks, and potential for risk, involved in this sport. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs as assigns, executors or administrators, waive and release forever, all claims for damages against THRIL and Field of Dreams Farm, its Board of Directors, Instructors, Therapists, Aids, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Horseback Riding Lessons.

Signature: _____ Date: _____
(Rider, Parent or Guardian)

Witness: _____

Photo Release

Please check off **ONE** of the boxes below:

I hereby consent to and authorize I do not consent to and authorize

the use and reproduction by THRIL and Field of Dreams Farm of any and all photographs and/or any other audiovisual materials taken of me/my son/my daughter/my ward, for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the programs run by THRIL and Field of Dreams Farm.

Signature: _____ Date: _____
(Rider , Parent or Guardian)

T.H.R.I.L

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