



AGREEMENT AND RELEASE FROM LIABILITY

1. Voluntary Participation. I, _____ acknowledge
(Name of Rider/volunteer)

that I have voluntarily applied to participate in horseback riding at The Institute of Equestrian Therapy, (hereafter referred to as IET) in conjunction with the facilities of the American Jewish University Brandeis-Bardin Campus (hereafter referred to as AJU) located at 1101 Peppertree Lane, Brandeis, CA 93064

2. Assumption of Risk. I AM AWARE THAT HORSEBACK RIDING IS A HAZARDOUS ACTIVITY. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED, AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____.

3. Release. As consideration for being permitted by IET and AJU to participate in this activity and to use related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of IET and AJU, or any of their officers, volunteers, or any persons related directly or indirectly with them, on the account of injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, volunteer, or contractor of IET and AJU as a result of my participation in horseback riding. I hereby release IET and AJU from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participating in horseback riding.

4. Knowing and Voluntary Execution. I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND **THE INSTITUTE OF EQUESTRIAN THERAPY AND AMERICAN JEWISH UNIVERSITY (BRANDEIS-BARDIN CAMPUS)**, AND SIGN IT OF MY OWN FREE WILL.

Executed on _____
(Date)

at _____
(City & State)

(Printed Name of Rider)

(Signature of Rider)

**PARENT/LEGAL GUARDIAN SIGNATURE REQUIRED BELOW
IF ABOVE RIDER IS UNDER 18 YEARS OF AGE**

I hereby acknowledge that I am the parent or legal guardian of the individual named above and I have read the provisions of this Agreement of Release from Liability and expressly consent thereto.

(Parent/Legal Guardian printed Name)

(Parent/Legal Guardian Signature)

PHOTO/VIDEO RELEASE

I hereby give permission for images of my child or myself, captured during regular and special Equestrian Therapy activities through video, photo, and digital camera, to be used solely for the purposes of the Institute of Equestrian Therapy promotional material and publications, and waive any rights of compensation or ownership thereto.

Name of Participant: _____

Name of Parent Guardian: _____

Signature: _____

Date: _____

Declaration of Witness (*for IET use only*)

I certify that _____ acknowledged my presence that he/she read and fully understood the meaning and consequences of the foregoing Release and signed it in my presence.

Executed on _____ at Simi Valley, CA.
(Date)

(Printed Name)

(Signature of Witness)

The Institute of Equestrian Therapy
Medical Conditions & Emergency Treatment Form
For Minor Students and Volunteers

Does your child have any dangerous medical conditions that we should know about?
If so, list them below. Also, please sign to authorize emergency treatment.

1) Child's Name _____

2) Name of Family Doctor _____

Phone: _____

*3) Insurance Company _____ Policy# _____

*NOT REQUIRED

4) I give my permission for my child to be treated by a medical doctor in case of an
Emergency. YES _____ NO _____

5) Dangerous Medical Conditions (e.g. asthma, diseases, heart conditions, etc.)

6) Is there anything a doctor should know (e.g. drug allergies)

7) Who do we contact in case of an emergency?

Name: _____

Home Telephone# _____

Cell# _____

Work # _____

Pager# _____

8) In a medical emergency, I authorize the related personnel (such as
Assistants, volunteers, or other student parents) to summon 911 or take my child to the closest hospital for
treatment. YES _____ NO _____

Signature _____

Parent or Guardian

Date _____