



PO Box 9009 Durango CO 81302 Phone 970/749-RIDE www.cadenceriding.com

LIABILITY RELEASE

As a volunteer/client at Cadence Center for Therapeutic Riding, I acknowledge the risks of a horseback riding program. However, I feel that the possible benefits to myself and/or the clients I work with 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 Cadence 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 the Cadence Therapeutic Riding Center program.

Under Colorado law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to Section 13-21-119 of the Colorado Revised Statutes.

CONFIDENTIALITY CLAUSE

All information, written & verbal used in the course of providing therapeutic riding is to be treated as confidential by volunteers and instructors. Your signature acknowledges that the information on client applications as well as verbal instructions for lessons relating to a medical condition is not to be discussed or disseminated beyond the actual sessions.

PHOTO/PRESS RELEASE

I, _____, hereby give consent to have any and all photographs and any other audio/visual materials taken of me for, but not limited to promotional material, educational activities, exhibitions or for any other use for the benefit of Cadence and such materials will be the property of Cadence.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Signature _____ Date _____

NOTE: If a volunteer/client is under 18, a parent or legal guardian must sign this form.

Signature of parent or legal guardian _____ Date _____

Revised 06/08