



GAIT THERAPEUTIC RIDING CENTER
 PO Box 69 Milford, PA 18337
 (Phone) 570-409-1140 (Email) info@gaittrc.org
 (Web) www.gaittrc.org



GAIT TRC GENERAL RELEASE FORM

Date: _____

CONTACT INFORMATION:

Name: _____ Email: _____
 Phone: (Home) _____ (Cell) _____
 Mailing Address: _____ City _____ ST _____ ZIP _____
 Emergency Contact: _____ Relation: _____ Phone: _____

All forms must be signed by parent/ legal guardian if participant is under the age of 18

Parent/Legal Guardian/Authorized Caregiver Contact Information:

Name: _____ Email: _____
 Primary Phone: _____ Alternate Phone: _____

RELEASES:

There are 2 separate releases on this form. Please print name/ sign and date for each section.

1. LIABILITY RELEASE:

I would like to participate in GAIT TRC’s program. I acknowledge the risks and potential for risks of horseback riding or working with or around horses. However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legal bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against GAIT TRC, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Staff for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in any GAIT programs.

Signature: _____

Date: _____

2. MEDIA RELEASE: for all promotional materials including (but not limited to) photographs, audio/videos, testimonials for our use on our website or Facebook page and/or for print:

I, _____ (print name), **DO** **DO NOT** (check one)
 consent to and authorize the use and reproduction by GAIT TRC of any and all audio/visual materials taken of me/my son/my daughter/my ward for promotional material, education activities, website, or for any other use for the benefit of the program.

Signature: _____

Date: _____