



Northern Virginia Therapeutic Riding Program, Inc.
 6429 Clifton Rd. • Clifton, VA 20124 • 703.764.0269
 www.NVTRP.org

Check all that apply: Volunteer Rider/Participant Staff Visitor

Name _____

Representing _____

Address _____ City _____ State _____ Zip _____

Telephone (Home) _____ (Work) _____

(Cell) _____ E-Mail _____

Release and Hold Harmless Agreement

In consideration of receiving permission from the Northern Virginia Therapeutic Riding Program, Inc. (referred to as “the Program”) to participate in or observe horseback riding lessons and in further consideration of receiving permission to enter upon the premises of the Program property or other premises upon which the Program’s riding lessons may be conducted, the undersigned and his/her family and hereby forever release, acquit, discharge and holds harmless the Program, as well as its officers, governors, staff, agents instructors, volunteers, contributors and any property or horse owners affiliated with the Program of and from any and all liabilities, claims, any loss, damage, illness, injury, or death that may be sustained by any or each of the undersigned while in on or upon the premises while participating in or observing the riding lessons or while en route to or from these premises.

The undersigned acknowledges that there are certain risks inherent in participation in equine activities including (i) the propensity of an equine to behave in dangerous ways that may result in injury to the participant; (ii) the inability to predict an equine’s reaction to sound, movements, objects, persons, or animals; (iii) the possibility of equipment failure; and (iv) hazards of surface or subsurface conditions. While the Program makes every effort to minimize these risks, the undersigned is duly aware of these risks and hazards inherent upon participation in or observing equine activities and/or upon entering upon said premises. The undersigned also agrees to represent the potential for these hazards to others that may accompany or substitute for him/her at activities sponsored by the Program. These persons also, by their voluntary presence, assume the same risks and agree by their presence to the same release of liability described herein.

The undersigned and all others that may accompany, represent, and/or substitute for those persons agrees to indemnify and will hold harmless the Program, its officers, trustees, agents, instructors, volunteers, contributors, and other property and horse owners from any and all costs, charges, claims, demands, and liabilities of any kind arising either from the improper or negligent use by those listed and all that may accompany, represent, and/or substitute for those listed below of any equine, bridle, saddle, grooming tool, and/or other animal or tool or from the willful or negligent acts of said persons.

++By: _____

Participant Signature	Print Name	Date
_____	_____	_____
Signature of Parent/Guardian if under 18	Print Name	Date
_____	_____	_____

News and Photo Release

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants permission to the Northern Virginia Therapeutic Riding Program, Inc to take or have taken, still and moving photographs and films including television pictures of my daughter/son/ward/self and consents and authorizes the Northern Virginia Therapeutic Riding Program, news media, and any other persons interested in the subject of riding for individuals with disabilities and its work, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including and without limiting the generality of the foregoing newspapers, television media, brochures, pamphlets, books, social media including Facebook, instructional material and clinical material.

With respect to the foregoing matters, no inducements or promises have been made to me to secure my signature to this release other than the intention of the Northern Virginia Therapeutic Riding Program to use or cause to be used such photographs, films, or pictures for the primary purpose of promoting and aiding the field of riding for individuals with disabilities and its work.

++By: _____

Participant Signature	Print Name	Date
_____	_____	_____
Signature of Parent/Guardian if under 18	Print Name	Date
_____	_____	_____

If you **do not** grant permission, please check the box, sign here, print name and date above _____.