

CENTER FOR EQUINE THERAPY

EQUINE VISIT LIABILITY RELEASE AND AGREEMENT

I,______(facility contact), authorize participation in equine-assisted activities with Southern Reins Center for Equine Therapy (herein referred to as "Southern Reins") at ______(facility) on______(date/s).

Liability Release and Animal Allergens Statement

I understand and agree to release, discharge and hold harmless all staff, Board of Directors, and any and all parties, agents, or representatives involved with Southern Reins from liability for all manner of claims, demands and damages the participant may have, whether for property damage or personal injury, resulting from or in any way growing out of participation with their horses and staff, volunteers, representatives, and/or guests of Southern Reins. I understand that the participant may be in contact with live animals including equines and I understand and agree to release, discharge and hold harmless all staff, Board of Directors, and any and all parties involved with Southern Reins from liability for personal reactions resulting from potential allergies associated with contact with their horses.

By signing below, I understand and accept the Liability Release and Animal Allergens Statements above.

Name	Date	
Southern Reins may use photos, audio/visual r exhibitions for the benefit of the program		promotional/educational
Important Information for the visit:		
Weather permitting; I plan to have the horse	s visit us: (Check all that apply)	
Indoors in a large meeting room		
Outdoors in a courtyard or paved area		
Window to window outside the building		
Is there any other information you would like	us to know about the visit:	

Please initial each section below:

____The horses CANNOT navigate stairs or elevators. There needs to be a ramp or ground level access to the area you are planning to use for the visit.

____There cannot be dogs present in the room or area when the horses are visiting. Being carnivores, even small and well-behaved dogs are a source of fear to horses.

Please return this form to Sara Zurenko, Program Director, at <u>sara.zurenko@southernreins.org</u> or fax to 901-438-6328.