

**Parent/Guardian/Adult Rider
Informed Consent
and Release of Liability Agreement**



CHUM Therapeutic Riding
PO Box 14
Mason, MI 48854
Phone: (517)204-0974
Email: bonnieandchum@gmail.com

No individual can be accepted for riding instruction until this form has been completed by the rider's parent(s)/guardian or by an adult rider who is a legally competent adult, 18 years of age or older.

I/we assume the risks and accept the consequences involved in the participation of

in the C.H.U.M. Therapeutic Riding Inc. program.

Riders Name

I/we acknowledge that horses may be dangerous because they may, without warning, buck, stumble, kick, or move in otherwise unpredictable ways.

I/we are hereby informed of the possible dangers to me/my child/my ward that may result from participation in the program, including soft tissue (including skin and muscle injury, ligament and tendon injury, bone/joint injury, and exacerbation of chronic conditions.

I/we recognize that the above listing may not be complete and that a fuller explanation of the possible consequences is available upon request. However, I/we do not wish further explanation.

I/we accept the responsibility for complying fully with all safety regulations and practices and I/we will consult with the instructor and/or local director of the C.H.U.M. Therapeutic Riding Inc. program for advice in circumstances where safe practices are in doubt.

I/we hereby release C.H.U.M. Therapeutic Riding Inc., its instructors, staff, volunteers, and any other individuals and/or organizations involved from any liability for injury that may result from participation in the program.

I/we have read and fully understand this document.

Signature:

Date:

Parent(s) Guardian Adult Rider (Check appropriate title)

Witness:

Date: