



**RIDER ACKNOWLEDGEMENT OF RISK  
ACCEPTANCE OF RESPONSIBILITY & RELEASE OF LIABILITY**

I, the undersigned, hereby acknowledge that I have voluntarily applied to have myself or my son/my daughter/ my ward, \_\_\_\_\_, participate in therapeutic horseback riding

(Print participant's name here.)

lessons at Horses & Horizons Therapeutic Learning, Center, Inc. (H.H.T.L.C, Inc.) 375 Zions Stone Church Road, New Ringgold, PA.

I understand the activity of horseback riding and other equine activities involve numerous inherent risks of injury that are an integral part of such an activity. I assume full responsibility for myself or for my son/my daughter/my ward for all such risks, including loss of control, collisions, and obstacles whether they be obvious or not obvious.

I and/or my family further understand that an animal, irrespective of its training and usual past behavior and characteristics, may act or react unexpectedly or unpredictably at times, and I also assume such risks for myself, or my son/ my daughter/ my ward. I further understand that animals are unpredictable and that the risk of injury is inherent to activities involving equines. I agree to assume all risk of injury or death caused by horseback riding and/or equine assisted activities for myself or my son/my daughter/my ward, whatever the cause, except as provided by law.

With regard to the COVID-19 Pandemic: I understand, acknowledge and agree that there can be no guarantee or certainty that I, my son/ my daughter/my ward will not be exposed to COVID-19 as a result of our interaction with the H.H.T.L.C. Inc. staff and other clients in connection with H.H.T.L.C., Inc. providing therapeutic horseback riding services. Further, if such exposure occurs, I understand, acknowledge and agree that I or my son/my daughter/my ward, may be subjected to substantial negative consequences as a result, including without limitation: requiring medical care, incurring substantial medical and other costs, and suffering significant personal injury and even death. With full knowledge of these risks and of potential exposure to COVID-19 in connection with the services, I have still elected to continue/begin such services for myself or my son/my daughter/my ward due to the substantial health and well-being benefits I/they receive/will receive from the services.

As consideration for being permitted by Horses & Horizons Therapeutic Learning Center, Inc. to participate in its therapeutic horseback riding program, I do hereby waive any claim and release Horses & Horizons Therapeutic Learning Center, Inc., and all of its owners, board members, officers, members, volunteers, affiliated organizations, landowners, agents, and/or employees for any injury or death caused by or resulting from participation for myself or my son/my daughter/my ward in equine assisted activities including horseback riding.

This contract shall be legally binding upon me, my heirs, my estate, assigns, legal guardians, and my personal representatives.

I have carefully read this agreement and fully understand the contents. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter in the contract on behalf of myself and/or my family members of my own free will.

**THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.**

Name of Participant (Please print.)	Signature of Participant	____/____/____ Date
Name of Mother/Guardian (Please print.) (If participant is under 18 years of age.)	Signature of Mother/Guardian	____/____/____ Date
Name of Father/Guardian (Please print.) (If participant is under 18 years of age.)	Signature of Father/Guardian	____/____/____ Date