



Calvin Center
Equestrian Programs
13550 Woolsey Road
Hampton, GA 30228

770-946-4276
www.calvincenter.org

Calvin Center Therapeutic Riding Programs Participant Liability Release

WARNING

Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equestrian activities resulting from the inherent risks of equine activities, pursuant to O.C.G.A. §4-12-3.

I, _____ (participant or parent/guardian of participant) hereby consent to the participation of _____ in any and all of the Calvin Center's Equestrian programs, including but not limited to therapeutic riding and/or hippotherapy. I acknowledge the risks and potential for risks in riding and working with horses. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. Intending to be legally bound, for myself, my heirs and assigns, executors or administrators, I hereby assume all risks associated with the horses, horseback riding and the handling of animals and equipment. I waive and release forever all claims for damages of every kind and nature whatsoever against Calvin Center/Presbytery of Greater Atlanta, its board of directors, instructors, therapists, aides, volunteers, owners of horses leased to Calvin Center, and all representatives, successors, assigns and/or employees thereof for any and all injuries and or losses I/my child/ my ward may sustain while participating in Calvin Center's Equestrian Programs.

Signature _____ Date _____
Participant

Signature _____ Date _____
Parent/legal guardian if under 18 years of age, or not independent

2009 Calvin Center Equestrian Program Photo Release (optional)

I, _____ hereby consent and authorize Calvin Center/Presbytery of Greater Atlanta to use and reproduce any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, or for any other use for the benefit of the program.

Signature _____ Date _____
Volunteer

Signature _____ Date _____
Parent/legal guardian if under 18 or not independent

*** If participant is under 18 years of age or not independent, a parent or guardian must sign where indicated.**