



Calvin Center  
Equestrian Programs  
13550 Woolsey Road  
Hampton, GA 30228

770-946-4276  
www.calvincenter.org

**Calvin Center Equestrian Programs Volunteer 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, \_\_\_\_\_ (volunteer or parent/guardian of volunteer) 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 and the clients I/he/she work with 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 \_\_\_\_\_  
Volunteer

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/legal guardian if under 18 years of age

**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

**\* If you are a volunteer under 18 years of age a parent or guardian must sign where indicated.**