



## PARTICIPANT WAIVER AND RELEASE FOR MINORS

\_\_\_\_\_ has my permission to participate in  
Name of Participant  
Full Stride Therapeutic Riding Center activities at 833 Liberty Rd. Petaluma, CA 94952  
Event or Activity Location

I understand and acknowledge that horseback riding poses risks to my child, including the risk of getting stepped on, falling off, getting kicked and serious injury or death.

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my child, myself, my heirs, executors and administrators, release and forever discharge Full Stride Therapeutic Riding Center and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation in the above noted event.

I hereby certify that the minor is my son / daughter (circle one) and that his/her date of birth is \_\_\_\_\_ and I do hereby certify that to the best of my knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I hereby advise that the above named minor has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none"):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address City State Zip