



STRIDES OF STRENGTH
THERAPEUTIC RIDING

Consent, Release and Waiver of Liability

1. I am the participant or the parent/guardian of the minor child named below and am fully competent to sign this agreement. I understand that the participant's request has been approved to participate in activities at Strides of Strength Therapeutic Riding (SOS).
2. I understand this activity involves physical activities including contact with animals and there is a risk of injury or death associated with such activities. The participant is in good health and deemed able to participate in this activity. In addition, the participant has adequate health insurance necessary to provide for and pay for any medical costs that may arise as the result of an injury the participant.
3. I further agree that SOS, nor any of their employees, officers, trustees, agents or volunteers shall be liable for any claims, demands, actions or causes arising out of or in any connected with the participant's participation in this activity, specifically including but not limited to claims, demands actions or causes of action relating to bodily injury, including death, and or property damage suffered by the participant. Therefore, on behalf of the participant, the parents/guardians of the participant and the heirs assigns of all the foregoing, I do hereby forever release and discharge SOS and any of their employees, agents or volunteers of liabilities, claims, demands, actions or cause of action.
4. With the activities having been explained to me and all of my questions answered to my complete satisfaction, I consent to the participant's participation in activities at the SOS, and accept the facilities, premises, supervision and equipment used therewith, fully aware of the activities and risks that may be involved. I execute this Consent, Release, and Waiver of Liability for full, adequate and complete consideration fully intending for myself, for the participant and for the participant's family, estate, heirs, administrator, personal representatives or assignees to be bound the same.
5. In addition, I hereby give SOS permission to use photographs/videos of participant for the purpose of promoting SOS and its events.

"Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976."

THIS IS RELEASE OF LEGAL RIGHTS-READ CAREFULLY BEFORE SIGNING

Date: _____

Name of Participant _____ Signed _____

Name of Parent (Guardian) on behalf of both parent and guardians _____

Print _____ Signed _____

Address _____

Telephone Number: _____ Email: _____

Strides of Strength Therapeutic Riding
2717 Gaston Farm Road Chester, SC 29706

I-77 Exit 65 onto SC-9 toward Chester. Drive 1.5 miles and turn right onto Gaston Farm Road. Entrance: Second drive on the left.

For more information: Beth Gaston (803) 374-6255 or visit our **Website: www.StridesofStrength.org**

Email: Beth.Gaston@StridesofStrength.org

Strides of Strength Therapeutic Riding is not responsible for any theft or injuries!