SUNRISE INC
Therapeutic Riding Center

1052 Gurney Dr., Richmond, IN 47374 (765) 983-1500 www.sunriseTRC.com

Sunrise Inc. Group Liability Waiver

Physician Signature Waiver

"WARNING: Under Indiana Citation IN ST 34-31-5-1, An equine activity sponsor or equine professional is not liable for: (1) an injury to a participant; or (2) the death of a participant; resulting from an inherent risk of equine activities. (b) subject to section 2 of this chapter, a participant or participant's representative may not: (1) make a claim against; (2) maintain an action against; or (3) recover from; an equine activity sponsor or equine professional for injury, loss, damage, or death of the participant resulting from an inherent risk of equine activities.

The undersigned participant, parent, legal guardian, caregiver, or authorized representative acknowledges and understands that participation in equine-assisted services involves inherent risks and requires the disclosure of accurate health information.

By signing this addendum, the participant, parent, legal guardian, caregiver, or authorized representative affirms that they have provided a complete, accurate, and thorough health history to the best of their knowledge. They further acknowledge that Sunrise Therapeutic Riding Center will review the health information provided to determine eligibility for participation in equine-assisted services.

The participant, parent, legal guardian, caregiver, or authorized representative understands and agrees that a physician's signature, medical clearance, or additional medical documentation is not required prior to participation unless the health history, medical condition(s), medications, diagnosis, or other disclosed information reveal potential contraindications, precautions, safety concerns, or other factors that warrant further medical review.

Sunrise Therapeutic Riding Center reserves the right, at its sole discretion, to require a physician's statement, medical clearance, or additional documentation at any time before or during participation if deemed necessary to protect the health, safety, and well-being of the participant, volunteers, staff, horses, or others involved in program activities.

The participant, parent, legal guardian, caregiver, or authorized representative assumes full responsibility for ensuring that all health information provided remains current and agrees to promptly notify Sunrise Therapeutic Riding Center of any changes in medical condition, diagnosis, medications, treatment plans, physical limitations, or other health-related concerns that may affect participation.

By signing below, the undersigned acknowledges that they have read, understood, and voluntarily agree to the terms of this Physician Signature Waiver Addendum.

Participant Name: _____

Participant Signature: _____ Date: _____

Parent/Guardian/Caregiver (if applicable): _____

Signature: _____ Date: _____

SUNRISE INC. AUTHORIZATION FOR IMAGE USAGE PHOTO RELEASE

I consent to and authorize the use and reproduction by Sunrise, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibits, electronic publications (including World Wide Web) or for any other use for the benefit of the program.

O I AGREE O I DO NOT AGREE

SIGNATURE: _____ DATE: _____