
1052 Gurney Dr., Richmond, IN 47374 (765) 983-1500 [www.sunriseTRC.com](http://www.sunriseTRC.com)

**Sunrise Inc. Liability Waiver**
Participants & Visitors

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant’s name) would like to participate in the Sunrise Inc. therapeutic riding program. I acknowledge the risks and potential for risks of horseback riding, hippotherapy, and horse related activities and therapies; However, I feel that the possible benefits to myself / my son / my daughter / my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and release forever all claims for damages, known or unknown whether existing on the date of agreement or in the future, against Sunrise Inc., their Board of Directors, Employees, Instructors, Therapists, Aides, Volunteers, Equine, Equine Owners, Equipment, Earlham College, and Operating Site for any and all injuries and/or losses I / my son / my daughter / my ward may sustain while participating at Sunrise Inc.

“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.

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.

 I AGREE I DO NOT AGREE

SIGNATURE: \_\_\_\_ \_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_