



Galloping Acres Foundation, INC Therapeutic Riding Center

VOLUNTEER LIABILITY RELEASE

I, _____, would like to Volunteer in the **Galloping Acres**
(Print Name of Volunteer)

Foundation, INC Therapeutic Riding Center's programs. I acknowledge and understand the risks and the potential for risks of a horseback riding program. However, I feel the possible benefits to myself/minor child are greater than the risks 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 against the **Galloping Acres Foundation INC Therapeutic Riding Center**, its Board of Directors, owners, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in the **Galloping Acres Foundation, INC Therapeutic Riding Center's** programs.

Date: _____ Signature: _____
(Volunteer)

Age: _____ DOB: _____ Signature: _____
(Parent/Guardian ~ if Volunteer under 18)

Address: _____

City/State/Zip: _____

Email Address _____

PHOTO RELEASE

☞ **I DO** consent to and authorize the **Galloping Acres Foundation, INC Therapeutic Riding Center** to take or have taken still and/or moving photographs, films and/or television pictures, and consent and authorize **Galloping Acres Foundation, INC Therapeutic Riding Center** and/or it advertising agencies, news media and any other persons associated with the **Galloping Acres Foundation, INC Therapeutic Riding Center**, to use and reproduce the photographs, films, and/or pictures and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books, and/or clinical materials. With respect to the foregoing matters, no inducements or promises have been made to us to secure m signature to this release other than the intention of the **Galloping Acres Foundation, INC Therapeutic Riding Center** to use or cause to be used such photographs, films, and pictures for the primary purpose of promoting and aiding the center and its work.

Date: _____ Signature: _____
(Volunteer)

Signature: _____
(Parent/Guardian ~ if Volunteer under 18)

☞ **I DO NOT**, for reasons I am not obligated to disclose, give consent for photographs, either still or moving, or any television or news media, to be taken of myself by the **Galloping Acres Foundation, INC Therapeutic Riding Center** or any persons working on behalf of said center. I understand a Red Dot will be placed on the sign-in sheet to reflect photographs, etc., are NOT allowed.

Date: _____ Signature: _____
(Volunteer)

Signature: _____
(Parent/Guardian ~ if Volunteer under)