



*Therapeutic Riding
Enrollment Paperwork*

Photo & Publicity Release

_____ I hereby consent and authorize _____ I do not consent to, nor do I authorize Furnace Brook Farm to use my or my child's photograph or image in its print, online, and video publications; and release Furnace Brook Farm, its employees and any outside third parties from all liabilities or claims that I might assert in connection with the above-described activities; and waive any right to inspect, approve or receive compensation for any materials or communications, including photographs, videotapes, DVDs, website images or written materials, incorporating photos/images of me or my child.

Signature: _____ Date: _____

Liability Release

_____ (*name*) would like to participate in the programs at Furnace Brook Farm. I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against Furnace Brook Farm, its Instructors, Volunteers, and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Program from whatever cause including but not limited to the negligence of these released parties. The undersigned acknowledges that he/she has read this Registration and Release Form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Signature: _____ Date: _____