



Banbury Cross

Therapeutic Equestrian Center

2017 Participant's Liability Release Form

Participant: _____ DOB: _____ Age: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Emergency Phone: _____

Parents or Guardian: _____

Address/Phone (if different than above): _____

School or Institution presently attending: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Liability Release

_____ (Participant's Name) would like to participate in the Banbury Cross Therapeutic Equestrian Center Program. I acknowledge the risks and potential for risks of horseback riding. 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 against Banbury Cross Therapeutic Equestrian Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Banbury Cross Therapeutic Equestrian Center's program.

Under the Michigan Equine Activity Liability Act, an equine professional is not liable for any injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

Date: _____ Signature: _____

Participant (if participant is over 18 and legally responsible)

Signature: _____

Parent or Legal Guardian (if participant is under 18 or not legally responsible)