



LIABILITY RELEASE (MANDATORY)

It is understood and agreed that I/we are aware of the risks and exposures to personal injury involved through the activities of horseback riding and related events, and I/we hereby release CAMELOT THERAPEUTIC HORSEMANSHIP, INC., and the Executive Director, Instructors, Volunteers, Employees and Officers thereof and each of them and the OWNERS OF THE PROPERTY on which the activities are being conducted, from each and every claim for damages which may accrue to me, attendants or horses at any time hereafter in favor of myself, my heirs, representatives, or dependents, against CAMELOT THERAPEUTIC HORSEMANSHIP, INC., its Officers, Directors, Instructors, Volunteers, and Employees or any of them, by reason of any injury, loss, or damage which may be suffered by me, my horse or any horse I may bring onto the property of CAMELOT THERAPEUTIC HORSEMANSHIP, INC., because of any matter, thing, or condition, negligence, or default whatsoever. I/we hereby assume and accept the full risk and danger of any hurt, injury, or damage which may occur through or by any reason of any matter, thing, condition, negligence, or default and/or any person or persons whatsoever, in the exhibitions, lessons, horse shows, parades, clinics, conferences or any activity related to or connected with any or all of them, or any of them, held or given by or under the director of CAMELOT THERAPEUTIC HORSEMANSHIP, INC.

I/we have fully read and fully understand each and all of these conditions.

Signature Rider

Date

Please Print Name

Signature of Parent, Spouse, or Legal Guardian if applicable

Date

PHOTO RELEASE (OPTIONAL)

The undersigned do hereby authorize CAMELOT and its Director, to photograph or permit other persons to photograph _____ while involved in activities of the above named organization. The undersigned agrees that CAMELOT may use, or permit other persons to use, the negatives and prints prepared there from for such purposes and in such manner as may be deemed necessary.

Signature of Rider

Date

Signature of Parent, Spouse, or Legal Guardian if applicable

Date

Please complete, sign, and mail this waiver to:
Camelot Therapeutic Horsemanship
23623 N. Scottsdale Rd., D3-259
Scottsdale, AZ 85255-3471