

# Stepping Stones Therapeutic Riding, Inc.

## PARENT-GUARDIAN/ADULT RIDER INFORMED CONSENT AND RELEASE LIABILITY AGREEMENT

No individual can be accepted for riding instruction until this form has been completed by the rider's parent(s)/guardian or by an adult rider who is a legally competent adult 18 years of age or older.

I/we assume the risks and accept the consequences involved in the participation of:  
\_\_\_\_\_ (rider's name) in the Stepping Stones  
Therapeutic Riding, Inc. program.

I/we are hereby informed of the possible dangers to me/my child/my ward that may result from participation in the program, including soft tissue (including skin and muscle) injury, ligament and tendon injury, bone/joint injury, and exacerbation of chronic conditions.

I/we recognize that the above listing may not be complete and that a fuller explanation of the possible consequences is available upon request. However, I/we do not wish further explanation.

I/we accept the responsibility for complying fully with all safety regulations and practices and I/we will consult with the instructor and/or local director of the Stepping Stones Therapeutic Riding, Inc. program for advice in circumstances where safe practices are in doubt.

I/we hereby release Stepping Stones Therapeutic Riding, Inc., its instructors, staff, volunteers and any other individuals and/or organizations involved from any liability for injury that may result from participation in the program.

I/we have read and fully understand this document. **Please have a witness signature**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent(s)/Guardian/Adult Rider) (Circle appropriate title)

**\*\*Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **EQUINE ACTIVITY ACT WARNING**

#### **WARNING**

**Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity (PA 351 of 1994).**