

**FREDERICK COUNTY 4H THERAPEUTIC RIDING PROGRAM**

**Instruction Agreement and Liability Release**

By this agreement, made and entered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
and between (parent/guardian name) \_\_\_\_\_ who  
resides \_\_\_\_\_  
hereinafter referred to as "I" and the Frederick County 4H Therapeutic Riding Program, herein  
referred to as "THIS PROGRAM".

**IT IS HEREBY AGREED TO AS FOLLOWS;**

That I the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate  
in riding instruction and/or therapy as a client in THIS PROGRAM.

That I understand that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's  
natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear  
up in front, or to bite; that horses are extremely powerful; and that a rider may fall to the ground. I understand these  
risks, and voluntarily assume these risks and dangers.

That I have been advised that clients must wear a hard hat or helmet during all sessions, unless contraindicated by  
their condition.

That I am responsible for informing the program instructor or therapist of any change in the client's condition,  
change in medication, or any seizure episodes since the date of the last Physician's Referral form  
dated\_\_\_\_\_.

Has the client had seizure episodes in the last year? \_\_\_\_\_  
When was the last episode? \_\_\_\_\_

That instruction and therapy will be under strict supervision, and every effort will be made by THE PROGRAM to  
avoid any accidents.

That I understand that, except in the event of THIS PROGRAM'S wanton and willful negligence, I am responsible  
for bodily injury or property damage which I or my child or legal ward, whether a client or THIS PROGRAM or not,  
should sustain on the premises and/or trails where THIS PROGRAM provides instruction and/or therapy to the  
client, and or while on a horse, and/or while in transit to or at horse shows, trail rides, or similar expeditions, and for  
any time I or my child or legal ward, whether a client or THIS PROGRAM or not, shall lose from employment or  
school or other activity, and for medical expenses incurred because of such bodily injury or property damage; and  
that I hereby, for myself, my heirs, administrators, and assigns release and discharge the owners, operators,  
volunteers, and sponsors of THIS PROGRAM and their respective servants, agents, officers and all other  
participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person, or  
that of my child or legal charge, whether a client of THIS PROGRAM or not, and/or property.

**All Clients/Parents/Guardians - List all medications the client will be taking during the current session.**

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_