

# Therapeutic Riding Center/PA 4-H Horse Program

## ACKNOWLEDGEMENT OF RISK

\_\_\_\_\_, has chosen to participate in the Therapeutic Riding Center (TRC) program and its related horse activities. I fully understand and acknowledge that there are inherent risks and dangers in my (child's) participation in the activities of the TRC/4-H horse program. I also understand and acknowledge that my (child's) participation in these activities and the use of any equipment related to such activities may result in injury, illness, death and/or damage to personal property. I understand that the activities themselves, other participants, accidents, forces of nature or other factors may cause these risks and dangers and I, on my own behalf and on behalf of myself/my child, hereby accept and assume these risks and dangers.

I (and my child) are aware that:

- A. Horses have a tendency to behave in ways, which may result in injury, death, loss to riders, or other persons in the immediate vicinity;
- B. Horses may react in an unpredictable way to sounds, sudden movements, unfamiliar objects, persons, other animals, and any unexpected situations;
- C. Riding, driving, or handling a horse may give rise to a risk of injury from hazards arising from the surface or subsurface of the ground in which these activities occur;
- D. While in the vicinity of a horse while riding, driving, or handling a horse, I may be involved in a collision with another horse, another animal, a person, or an object;
- E. Other participants in the program may fail to maintain control over a horse or fail to act within their abilities, thus causing harm to me or other participants; and
- F. Other participants in the program may act in a negligent manner, which could result in harm to me.

I or my child need to behave in a safe manner. I or my child will wear appropriate clothing, headgear, and footwear during horse activities.

I or my child is in good health and is at or above the minimum age of eight (8) required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

I understand that I/ my child is not required to participate in any horse activity, but grant permission for myself/ him/her to do so, despite the possible risks. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in these activities, and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I assume the same risk for myself, and other family members and friends present at these horse activities.

This document shall be binding on my heirs, successors, assigns, administrators, and executors. Any claims or disputes arising out of participation in TRC/4-H horse program activities shall first be submitted to arbitration and/or be venued in a Court of the State of Pennsylvania selected by the sponsoring 4-H club or clubs, the choice of which shall be at their sole discretion.

\_\_\_\_\_(Name) would like to participate in the Therapeutic Riding 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 the Therapeutic Riding 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 The Therapeutic Riding Center Program. "We assume the risk of equine activities pursuant to Pennsylvania Law."

If rider or volunteer is under 18, please complete this section.

I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.

Parent/Guardian Name (print): \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

TRC/4-H Member (print): \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For volunteers and adult riders, please complete this section.

Name (print): \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(MUST BE EXTENSION EMPLOYEE OR TRC/ 4-H REGISTERED VOLUNTEER)