

# EXCEPTIONAL EQUESTRIANS UNLIMITED, INC., 2007

## LIABILITY RELEASE

\_\_\_\_\_ (Student's Name) would like to participate in the Exceptional Equestrians Unlimited, Inc.'s program. I acknowledge the risks and the 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 Exceptional Equestrians Unlimited, Inc., It's 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 with Exceptional Equestrians Unlimited, Inc.

NOTE: Under Indiana law an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Student, Parent, or Guardian

## PHOTO RELEASE

I hereby consent to, and authorize the use and reproduction by Exceptional Equestrians Unlimited, Inc. of any and all photographs and any other audiovisual materials taken of my son/daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Student, Parent, or Guardian

## NON-CONSENT PHOTO RELEASE

I hereby do not give Exceptional Equestrians Unlimited, Inc., my consent to use any photographs or audiovisual materials taken of my son/daughter/ward for promotional printed material or educational activities

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Student, Parent, or Guardian