



# PIONEER VALLEY THERAPEUTIC RIDING ASSOCIATION, INC.

PVTRA • P.O. Box 944 • Belchertown, MA 01007 • Telephone (413)668-8260 • A non-profit corporation with tax-exempt status

## Rider Release Form

*Please read this document carefully and do not sign it unless you fully understand it.*

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

### ***If under age 18:***

Parent/Guardian: \_\_\_\_\_

Address: Street : \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Photo Release:**

I do   
do not

consent to and authorize the use and reproduction by PVTRA for any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (*If under 18*): \_\_\_\_\_ Date: \_\_\_\_\_

*Please read this document carefully and do not sign it unless you fully understand it.*

**Release**

I recognize the inherent risks of injury involved in general horseback riding and learning to ride in particular. In taking lessons with the Pioneer Valley Therapeutic Riding Association, Inc. (PVTRA), I assume any such risk of injury. I voluntarily release PVTRA, its instructors, employees and agents from any responsibility on account of any injury I or my child/ward may sustain while receiving instruction or while riding in connection therewith and I agree to indemnify and hold harmless PVTRA, its instructors, employees and agents on account of any such claim.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Authorization**

In the event that the above-named student requires emergency medical treatment on account of any accident or injury which may occur in connection with any activities with PVTRA, the authorities at PVTRA are hereby given full authorization to provide all such necessary emergency medical treatment for the above-named student including permission for administration of anesthesia.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Non-Consent

Parent or legal guardian will remain on site **at all times** during equine assisted activities.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student: \_\_\_\_\_ Date: \_\_\_\_\_

**In case of an emergency, please contact:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_