

RIDING CONSENT FORM

No rider or driver can be accepted for program activities until this portion of the form has been completed. Riding and driving activities will be under strict supervision, and although every effort will be made to avoid accidents, NO LIABILITY can be accepted by any of the volunteers and staff of Rivendell ReCreation Center. I would like

_____ to participate in Rivendell's horse programs. I am submitting a physician's referral. I understand that NO LIABILITY can be accepted by anyone concerned with these programs, in the event of any accidents occurring.

SIGNATURE: _____

Date: _____

PHOTO RELEASE FORM (Optional):

I, _____, give permission to use any photograph, slide or video taken at Rivendell, of myself,, or which includes me, to be used in any program related publications or press releases or fund raising activity to benefit Rivendell ReCreation Center.