Horses In Service ~ Natural Therapeutic Riding Center

Volunteer Liability and Media Release

Liability Release

I, _____ *(print volunteer full name)*, would like to volunteer in the Horses In Service Natural Therapeutic Riding Center programs. I acknowledge and understand the risks and the potential for risks of a horseback riding program. However, I feel the possible benefits to myself/minor child are greater than the risks 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 Horses In Service Natural Therapeutic Riding Center, Fox Chase Farm, its Board of Directors, owners, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in the Horses In Service Natural Therapeutic Riding Center programs.

Name: _____ DOB:_____ Age: _____

Address: _____

City _____ State: VA Zip: _____County: _____

Home phone: _____ Cell phone:_____

Signature:_____ Date: _____
(Volunteer)

Signature:_____ Date: _____
(Parent/Guardian if under age 18)

Consent for Media Release

I hereby consent to and authorize the use and reproduction by Horses In Service Natural Therapeutic Riding Center of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities, publication on the H.I.S. web site (www.horsesinservice.org) and other social media, facebook, web sites or for any other use for the benefit of the program.

Signature:_____ Date: _____
(*Volunteer) (Parent / Legal Guardian if under age 18)*

Non-Consent for Media Release

For reasons that I am not obliged to disclose, I **DO NOT** give consent for photographs, either still or moving, or any television or news or social media, to be taken of myself, or our/my (son/daughter/ward), _____, by H.I.S. or any persons working on behalf of said center. I understand that a **MARKER** will be placed on the record kept in the administration offices of the center which will designate that photographs are not allowed of said person.

Signature:_____ Date: _____
(*Volunteer) (Parent / Legal Guardian if under age 18)*