



Participant's Updated Information

Participant: _____

Parent/Caregiver/Guardian: _____

Caregivers: _____

Address: _____

Phone: _____ Email: _____

Alternative Phone Contact: _____

Employer: _____ Phone: _____

HEALTH HISTORY

Diagnosis: _____

Date of Onset: _____

Changes: (i.e. medications/behavioral) _____

GOALS What would you like rider to accomplish through riding?

Signature: _____ Date: _____

PHOTO RELEASE

I DO DO NOT consent to and authorize the use and reproduction by Turning Point Ranch Therapeutic Riding Center of 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.

Signature: _____ Date: _____

Client, Parent or Legal Guardian



Rider Liability Release Form

Release of Liability: _____, would like to participate in the Turning Point Ranch Therapeutic Horseback Riding program.

By my signature below, I (or parent/caregiver/guardian for participants under 18) acknowledge that I am aware of the risks and potential risks of riding and involvement with horses.

I hereby, intending to be legally bound for myself, my heirs, and assigns, executors or administrators do waive and release forever all claims of damages against Turning Point Ranch, its Board of Directors, Instructors, Therapists, Aides, Volunteers, landowners, and employees from any and all liability and claims of any nature whatsoever, *including taking action to control, restrain or confine the undersigned for the safety and protection of the undersigned or others* and any damages whatsoever (including costs, expenses and attorney's fees) that might result from damages, injuries, or losses to their person or property during or in connection with, or arising out of any class, lesson, demonstration, show, clinic, event or other function.

I understand that under Oklahoma Law, an equine activity sponsor or professional shall not be liable for any injury to or the death of a participant or equine in equine activities resulting from the inherent risks of equine activities.

In exchange for the use of property under the control of Turning Point and other valuable consideration, I agree that my use of the premises and any animals, property or equipment under the control of Turning Point is at my own risk. I agree to indemnify and hold harmless Turning Point, its officers, members, employees, volunteers and agents from any and all suits, actions or claims of any type arising from my use of the premises or equipment or participation in an equine activity or of such use or participation by a guest of mine whether or not such claims result directly from the negligent act or omissions of the indemnified parties or otherwise.

I further acknowledge that I have read this agreement and fully understand its content.

AGREED: _____ Date: _____
Signature of adult rider or parent/guardian/caretaker of minor rider

