



A H O R S E C O N N E C T I O N  
**LIABILITY RELEASE FORM**

\_\_\_\_\_ (Client's Name) would like to participate in the Equine Assisted Therapy Program. I acknowledge the risks and 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 A HORSE CONNECTION, Nancy King, OTR/L/King Management, Inc./The Southlands Foundation, each organization'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 in the Equine Assisted Therapy Program.

**Signature:** \_\_\_\_\_ (Client, Parent or Guardian)

**Date:** \_\_\_\_\_