

SHUMBASHABA THERAPEUTIC RIDING CENTRE

Plot 112, Knoppieslaagte Road
Diepsloot

Tel: 084 5000672
E-mail: sharuf@mweb.co.za

INDEMNITY / LIABILITY RELEASE

_____ Would like to participate in the Shumbashaba Therapeutic Riding Centre programme. I acknowledge the risks, and potential for risk, of riding or being near a horse. 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 Shumbashaba Therapeutic Riding Centre programmes, its 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 Shumbashaba Therapeutic Riding Centre programmes.

DATE: _____

SIGNATURE: _____

(Client, parent or guardian)

WITNESS: _____

PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by Shumbashaba Therapeutic Riding Centre of any and all photographs and/or any other audiovisual materials taken of me/my son/ my daughter/my ward, for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the programme.

DATE: _____

SIGNATURE: _____

(Client, parent or guardian)

INFORMATION RELEASE FORM

I hereby authorize Shumbashaba Therapeutic Riding Centre to release to its instructors and helpers such information as may be necessary to conduct a beneficial and safe riding programme.

NAME OF RIDER: _____

DATE: _____

SIGNED: _____

RELATION TO RIDER: _____

WITNESS: _____