

T.E.A.D. – EQUESTRIAN ASSOCIATION FOR THE DISABLED

RELEASE AND AUTHORIZATION FORM (Please print)

(This form **MUST** be SIGNED and WITNESSED)

In consideration of other valuable consideration and the treatment therapy and assistance that you have agreed to give me:

I, \_\_\_\_\_ on behalf of myself, my heirs, administrators, and assigns, hereby acknowledge that I am participating in the program and activities connected therewith concluded by you at my sole risk and I exonerate and release you, your agents, volunteers, employees and all who act on your behalf from all responsibility and claims for any injury that I may suffer while participating in such a program.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
Signature of rider per

\_\_\_\_\_  
**Signature of Parent / Guardian**

PHOTO RELEASE FORM – OPTIONAL

In consideration of T.E.A.D. – Equestrian Association for the Disabled continuing to provide services to the Community, I hereby:

a) Grant permission for the said association and all members of its staff to take and use still and moving photographs or film, including television pictures of \_\_\_\_\_

(Insert the word "myself" or the name of the rider)

b) Consent and authorize T.E.A.D., its advertising agents, the news media and any other persons interested in T.E.A.D. and its work, to use and reproduce the photographs, films and pictures, to circulate and publicize the same by all means including without limiting the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

c) Release all claims on behalf of myself, my heirs, executors, administrators and assigns which I (or said rider) may have against the said association, its affiliates, and all members of its staff for the use of any photographs taken and used as aforesaid.

Signed: \_\_\_\_\_

Relationship to rider if applicable: \_\_\_\_\_

Witness: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_