



The Saddle Light Center for Therapeutic Horsemanship
Retama Park Polo Center
17530 Old Evans Road Selma, Texas 78154
210.651.9574 fax 210.651.3495
www.thesaddlelightcenter.com

Rider Authorization and Release

Name _____ email address _____

Phone: home () _____ work () _____ cell () _____

Address (include city & zip) _____

If rider is under 18 years: *Parent/Guardian Name _____

Phone () _____ Address _____

***If rider is under 18 years old, Parent or Guardian must sign all "Authorized Signature" lines.**

In Case of Emergency

In the event that emergency medical aid/treatment is required while participating in program activities, or while on the property of the agency, The Saddle Light Center will seek treatment as indicated:

- I DO** authorize The Saddle Light Center to secure medical treatment and transportation.
- I DO NOT** authorize The Saddle Light Center to secure medical treatment and transportation.

Authorized Signature _____ Date _____

Emergency Contact Name _____ Relation _____

Phone(s) () _____ () _____ Address _____

Physician _____ Phone () _____

Hospital (if none listed, nearest available emergency facility will be used):
_____ Address _____

Rider Liability Release

As a rider in The Saddle Light Center program, I acknowledge the risks and potential for risks of a horseback riding program. However I feel that the possible benefits for myself/my child/my ward are greater than the risks assumed. I hereby waive and release forever all claims for damages against The Saddle Light Center, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in The Saddle Light Center program.

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

Added by Acts 1995, Leg.Ch. 549, Section 1, Effective September 1, 1995.

Authorized Signature _____ Date _____

Photo Release

From time to time The Saddle Light Center will use photographs or other audio-visual materials taken at the center and center functions for promotional or educational purposes to benefit the center.

- I DO** authorize the use any photographs or other audio-visual materials taken of me.
- I DO NOT** authorize the use any photographs or other audio-visual materials taken of me.

Authorized Signature _____ Date _____