



STRIDE AHEAD
Equine Assisted Therapy
125 Ponce de Leon Ct. Decatur, Ga. 30030
404.271.4647
strideahead.org

Stride Ahead, Inc.

RELEASE OF LIABILITY

STATE OF GEORGIA, COUNTY OF DeKalb

Date: _____

Participant Name: _____

Participant Date of Birth (If under 18 years of age): _____

Phone # _____ Email: _____

Address: _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOUR PARENT OR GUARDIAN MUST SIGN THIS FORM.

I, the undersigned, acknowledge and accept that visiting a horse farm, horseback riding, equine therapy programs, and activities related thereto, involve the inherent risk of personal injury. By my signature hereon, I hereby waive all rights, claims, causes of action and lawsuits against DeKalb County, Georgia, Little Creek Farm Conservancy, Inc., and/or Stride Ahead, Inc. their boards of directors, officers, volunteers, employees, boarders, trainers, instructors, therapists, volunteers, heirs, executors, legal representatives, administrators, successors and assigns for 1) any injury, liability, or damages sustained by me or my minor child or children, or any other person, which may occur while at the property known as Little Creek Horse Farm at 2057 Lawrenceville Hwy, Decatur, Georgia, AND 2) for any injury or damages which may occur while I or my minor child or my ward participate in any activity at the Farm, including but not limited to, volunteering in any capacity, and handling or riding any horse.

I further acknowledge that I am aware of the following law:

WARNING: Under Georgia law, an equine or animal activity sponsor or professional is not liable for injury to, or death of, a participant in equine or animal activities resulting from inherent risk of equine or animal activities pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

EMERGENCY MEDICAL RELEASE: In case of an emergency, I give permission to Stride Ahead, Inc. to secure medical treatment including x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital service rendered under the general or specific instructions of any physician or hospital. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and other medical expenses reasonably and necessarily incurred.

PHOTO RELEASE: I authorize the use and reproduction by Stride Ahead, Inc. of any photographs and other audio/visual materials taken for promotional and educational uses, exhibitions, or for any other uses for the benefit of Stride Ahead, Inc.

BACKGROUND CHECK RELEASE for Volunteers: Stride Ahead, Inc. reserves the right to perform background checks on any volunteer or staff. I hereby give Stride Ahead, Inc. permission to perform background checks as needed.

I have read and accept the above releases and waivers. If the Participant named above is a minor child or ward, I certify that I am authorized to sign this release and waiver for the Participant.

Print name: _____

Authorized Signature: _____