



# Equines and Elders Photo/Liability Releases

## GENERAL INFORMATION

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Participant's Diagnoses: \_\_\_\_\_

**Please check all that apply. Provide details where needed:**

Will use wheelchair at Simple Changes \_\_\_\_\_ Vision Impairment \_\_\_\_\_

Will use walker at Simple Changes \_\_\_\_\_ Hearing Impairment \_\_\_\_\_

Specific issues that may impact participation: \_\_\_\_\_

Name of Residential Facility: \_\_\_\_\_

## PHOTO RELEASE

I  DO  DO NOT consent to and authorize the use and reproduction by Simple Changes, Inc. of any and all photographs and any other audio/visual materials taken of my father/ my mother/ my ward for promotional material, educational activities, exhibitions or for any other use for the benefit of Simple Changes, Inc., the Therapeutic Riding Association of Virginia, Simple Changes Farm, LLC, and/or Professional Association of Therapeutic Horsemanship, International.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant or Legal Guardian

Subsequent Year Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Subsequent Year Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant or Legal Guardian Participant or Legal Guardian

## RELEASE OF LIABILITY

Participant's Name \_\_\_\_\_ would like to take part in activities at Simple Changes, Inc. I acknowledge the risks and potential for risks of being at the farm and related activities. However, I feel that the possible benefits to my father/ my mother/ my ward are greater than the risk assumed. I hereby, intend to be legally bound for myself/ my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Simple Changes, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, Employees, Contributors, Horse Owners, and/or Simple Changes Farm, LLC, for any and all Injuries and/or losses my father/ my mother/ my ward may sustain while participating in activities at Simple Changes, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant or Legal Guardian

Subsequent Year Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Subsequent Year Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant or Legal Guardian Participant or Legal Guardian