



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