

Dream Therapies

Telephone: 702-768-3845

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VOLUNTEER RELEASE OF LIABILITY

_____ would like to participate as a volunteer for Dream Therapies, a Hippotherapy and therapeutic riding program. Although every effort will be made to avoid accident or injury, NO LIABILITY for injuries incurred during Hippotherapy/therapeutic riding training and/or actual Hippotherapy/therapeutic riding sessions can be accepted by any of the organizations concerned, including Karen Siran-Loughery, Other therapists providing Hippotherapy services through Dream therapies, therapeutic riding instructors providing lessons through Dream Therapies, funding sources/agencies, owners upon whose land the therapy sessions are being conducted and/or the owner(s) of the horses utilized in Hippotherapy/therapeutic riding. Volunteer need to aware that some of the risks involved in this activity include, but are not limited to:

- the propensity for an equine to behave in ways that may result in injury or loss to persons on or around an equine,
- the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals,
- and, a collision with another animal, person or object(s).

I agree that I have been given sufficient time to read, understand and ask questions, if any, concerning the nature and scope of this agreement. I request and consent to be a volunteer with this hippotherapy program. I understand that no liability can be accepted by any of the organizations concerned with this Hippotherapy/therapeutic riding activity.

Name of volunteer

Date

Signature of volunteer and/or their legal guardian (please print guardian's name) Date

Name of witness

Date

Signature of witness

Date

