



528 Mersea Rd. 7 R.R. #5 Leamington, Ontario N8H 3V8 (519)322-2463

## Liability Release

\_\_\_\_\_ would like to participate in the SpEqTRA program. I  
(client's name)  
acknowledge the risks, and potential for risk, of horseback riding. However, I feel that the  
possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I  
hereby, intending to be legally bound, for myself, my heirs and assigns, executors or  
administrators, waive and release forever, all claims for damages against SpEqTRA, its Board of  
Directors, Instructors, Therapists, Aides, Volunteers and/or Employees as well as C. William  
Windsor and his family, and all related to the owning and operating of Windsor Farms Equine  
Centre for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while  
participating in SpEqTRA's therapeutic riding program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(parent or guardian if under 18)

Witness: \_\_\_\_\_

## Information Release Form

I hereby authorize SpEqTRA to release to its instructors and helpers such information as may be  
necessary to conduct a beneficial and safe riding program.

Name of Rider: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Rider: \_\_\_\_\_

Witness: \_\_\_\_\_