



3100 McCormick Rd. Harrow, ON N0R 1G0 519-322-8365

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: _____