



## **Rider's Helmet Release Form**

Client's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## **Liability Release**

I, \_\_\_\_\_ (Parent/Guardian's name) give permission for Ride On St. Louis, Equine Assisted Therapy, and its therapists to use an alternate helmet for \_\_\_\_\_ (Patient's name) when necessary to prevent any injury to head and cervical musculature of client. I acknowledge the risks and the potential for risks when not using an ASTM approved helmet. However, I feel that the risks of cervical trauma are greater with an ASTM approved helmet. I hereby forever release, discharge, and hold free and harmless, for myself, my heirs, and assigns, executors, or administrators, all claims for damages against Ride on St. Louis, its instructors, therapists, aides, volunteers, officers, trustees, agents, employees, each and every one of its members and associates, and the property owners upon whose land the hippotherapy sessions are conducted of any and all injuries and/or losses the client may sustain while participating in the therapy program.