



## RIDE ON ST. LOUIS

### RIDER'S RELEASE FORM/SEIZURE DISORDERS

NARHA Standards & Accreditation Manual

Updated Precautions & Contraindications to Therapeutic Riding

Seizure Disorders Page E-16 11/01

Contraindication:

Seizures accompanied by strong, uncontrollable motor activity or atonic or "drop attack" seizures due to their sudden and complete loss of postural muscle tone.

Liability Release

\_\_\_\_\_ (Client's Name) would like to participate in the Ride ON St Louis program. I acknowledge the risks and potential for risks 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 Ride On St Louis, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Ride On St Louis.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Client, Parent or Guardian