

# Horse Connections, Inc.

at Rockin' Horse Farm, LLC  
8118 Plathe Rd  
New Port Richey, FL 34653  
727 534-8612

## Release Form

Name: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Email: \_\_\_\_\_

### Photo Release

I hereby consent to and authorize: \_\_\_\_\_

I do not consent nor do I authorize \_\_\_\_\_

The use and reproduction by Horse Connections at Rockin' Horse Farm, LLC of any and all photographs and other audiovisual materials taken of me for promotional printed or electronic material, educational activities, exhibitions or for other use for the benefit of the program.

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

(Rider or Parent /Guardian)

### Liability Release

\_\_\_\_\_ would like to participate in the Horse Connections Therapeutic Riding Program at Rockin' Horse farm, LLC. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/ my child/ my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, administrators, waive and release forever all claims for damages against Horse Connections, Rockin' Horse Farm, LLC, the instructors, employees and volunteers for any and all injuries and/or losses I /my child /my ward may sustain while participating in the program.

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

(Rider or Parent /Guardian)