



Chariot Riders Inc. EAL Liability Release Form

Please Read Carefully Before Signing

I understand that under the Equine Activity Liability Act, each participant who engages in an equine (horse) activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

This release shall give notice to the participant, parent or guardian the risks of engaging in equine activities, including (I) the propensity of equine to behave in dangerous ways that may result in injury to the participant, (II) the inability to predict an equine's reaction to sounds, movements, objects, persons, or animals, and (III) the hazards of surface or subsurface conditions. A release shall remain valid until expressly revoked in writing by a participant, or, if a minor, the parent or guardian.

I consider these risks to be offset by the benefits that may be received by visiting/working with the horses at Chariot Riders, Inc. These benefits may include, but are not limited to higher self-esteem, confidence, personal awareness, character development, leadership skills, problem solving skills, social skills, and respect. Activities with horses can be highly therapeutic, educational and FUN!

I understand that participants must consult with Chariot Riders about any prescription drugs being used or any health or physical condition that may need to be considered at least 24 hours prior to sessions. For safety reasons a participant may not actively participate in sessions if they are pregnant, under the influence of illegal drugs or alcohol.

Participants must wear long pants, closed toe and heel, hard soled shoes; remove any dangling jewelry, or any other loose items that may put the participant at risk. Please dress in layers for your comfort. There is an indoor facility, in case of inclement weather. Winter: please wear a coat, hat and gloves. Summer: please wear sunscreen and insect repellent as needed for outside activities and bring a bottle of water. An office area with restrooms is available for use by our clients.

I understand that cancellation is required at the 1st session of the month, when payment is due for the entire month or I will need to pay for my session in its entirety. I also understand that if I am late, the session must end as scheduled. I must contact Chariot Riders directly by telephone to notify of cancellation, lateness or any changes of schedule at 732-657-2710.

Initial here _____

I hereby release Chariot Riders Inc., and the therapists, counselors, employees, independent contractors and volunteers who work with them from any responsibility or liability for injury, loss, damage to person or property, including malpractice, resulting from equine activities and/or visiting our facility.

I have read and understand the provided information and agree with the terms in their entirety.

Participant (print) _____

Participant (signature) _____

Parent(s) or Guardian(s) (print) _____

Parent(s) or Guardian(s) (signature) _____



Chariot Riders Inc. Ocean County
A therapeutic riding academy for everyone!

3170 Chariot Court
Manchester, NJ 08759
(732) 657-2710

Parent(s) or Guardian(s) (print) _____

Parent(s) or Guardian(s) (signature) _____

Witness (print) _____

Witness (signature) _____

Date _____