

Three Gaits, Inc.

Therapeutic Horsemanship Center

PHYSICAL ADDRESS:

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Special Event Release Form

Rider: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Parents or Guardian (if under age 18): _____

Liability Release

In return for being allowed to use the Three Gaits, Inc. Therapeutic Horsemanship Program facility for horseback riding and other horse related activities, I/my son/my daughter/ my ward _____ (Rider's Name) agree to abide by all the rules and regulations of Three Gaits, Inc. now in effect or later adopted. In addition, I hereby agree to assume all responsibility and risk from my/my son/my daughter/my ward's participation in activities of Three Gaits, Inc. I further agree to hold Three Gaits, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees free and harmless from all damages or liability for any injury to person or property arising as a result of the use of facilities, horses and or equipment owned or leased to Three Gaits, Inc., including any injury caused by their negligence.

I am aware of the significant risks of injury that horseback riding and horse-related activities may cause to myself/my son/my daughter/my ward, however I feel that the possible benefits to myself/my son/my daughter/my ward are greater than and out weigh the risk assumed. By signing this agreement I am assuming all risk and do hereby understand that horses are animals, not subject to any guarantee of reliability. Therefore, I agree to release, indemnify and hold harmless Three Gaits, Inc., the Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees from all liability they may incur.

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes."

As specified on the Dressage Schooling Show and Combined Test entry form, an ASTM/SEI approved helmet must be worn at all times while mounted.

Date: _____ Signature: _____

Rider, Parent or Guardian