

**American Hippotherapy Association, Inc.**  
**Approved Hippotherapy Course**  
**Liability Waiver Form**

I, \_\_\_\_\_, the undersigned, state that I am a participant/ parent or  
*(Name)*  
guardian of a participant for a (please check one) \_\_\_\_ Level I \_\_\_\_ Level II American  
Hippotherapy Association, Inc educational course as part of the demonstration practicum on  
6/11/09 – 6/14/09, at Greenlock Therapeutic Riding Center, Inc.

I understand that as a (*check one*): \_\_\_\_ participant, \_\_\_\_ parent/ guardian of participant that the  
following conditions are agreed:

- I knowingly and willingly allow The American Hippotherapy Association, Inc. and  
(name of facility) to utilize above stated person or myself in a learning situation.
- I will not be billed for services rendered by the continuing education facility or  
organization.
- I will receive 100% supervision by the facility staff.
- I have been given full informed consent and I understand my rights as a human subject in  
a learning environment.
- I have been advised of the risks in participating in this course and that Physical/  
Occupational/Speech Therapy which incorporates Equine Assisted  
Therapy/Hippotherapy involves using horses, and that these activities may involve an  
inherent risk.

As the undersigned, I hereby forever release, discharge, and hold free and  
harmless The American Hippotherapy Association, Inc. and Greenlock Therapeutic Riding  
Center, Inc. and all faculty, staff, directors, officers, agents, employees, volunteer personnel, and  
successors and assigns, for any and all claims, demands, or damages of any and every kind and  
nature which I, the undersigned, may have now or in the future against the above named  
organization or persons. This release includes and is not limited to claims of wrongful death or  
personal injury to me, the undersigned.

I have read and I understand the above paragraphs.

I understand that **NO LIABILITY** (*initial here: \_\_\_\_\_*) can be accepted by any of the above  
organizations or persons associated with this course in the event of any accident or problem  
concerning me. This includes, but is not limited to, work with or around the horses, travel  
associated with the course, and  
experiences involving treatment on a horse.

(check one): \_\_\_\_ Participant \_\_\_\_ Participant's Parent or Guardian of a Participant

\_\_\_\_\_  
Signature of Parent/Guardian /Participant

\_\_\_\_\_  
Relationship to participant

Date: \_\_\_\_\_ Signature of Witness: \_\_\_\_\_