Liability Release Form.

Please Read Carefully Before Signing.

I acknowledge that being around horses holds a potential danger and that all horses may react unpredictably on occasions. I consider these risks to be offset by the benefits that may be received by visiting/working with the horses. 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 relationship skills. Activities with horses can be highly therapeutic, educational and fun.

I hereby release Clare Quinn O'Connell and the therapists, counsellors, employee's, independent contractors and volunteers who work with them from any responsibility or liability for injury, loss, damage to person or property, resulting from equine activities and /or visiting our facility.

Participants Name: _____

Participants Signature: _____

Witness Signature: _____

Parental / Guardian Consent.

If the participant is under 18 years of age please provide a parent or guardian's signature outlining their consent and acceptance of the details outlined above.

Parent / Guardian: _____

Relationship to Participant: _____

In the Case of an emergency, please contact:

Name: _____

Landline/ Mobile No: _____

DATA PROTECTION ACT: Statement: I understand that the information I have given above will be held in accordance with the Data Protection Act, 1988 but may also be made available to insurers and other parties in the event of injury or incident.

Signature: _____ Print Name: _____