

**DEPARTMENT OF ANIMAL SCIENCE  
UNIVERSITY OF CONNECTICUT  
RELEASE FORM**

**HORSE RIDING PARTICIPANTS**

The Department of Animal Science offers horseback riding programs for those interested in English, Western or Polo lessons, and a related workshop.

Programs of this sort involve risk of personal injury. The University does not provide insurance.

We strongly suggest that if you are interested in these programs, you should be covered under your own private insurance plan.

*If you are pregnant or immunocompromised you may be at a greater risk of injury and/or of contracting possible zoonotic agents due to your close proximity to animals and should consult your health care provider before undertaking equestrian activities.*

All normal safety precautions are taken to protect our participants, but occasionally accidents do happen.

It is mandatory that the applicable sections of this sheet be read carefully and signed and submitted before you can participate in the horseback riding programs and/or workshops.

**Riders under 18 years of age:**

I give my permission for \_\_\_\_\_

my (son) (daughter) (ward) to participate in the above mentioned Riding Programs and/or workshops. In consideration of being able to participate in the above mentioned Riding Programs and/or workshops, and to the extent permitted by law, I, members of my family and spouse, and our respective heirs, successors, and assigns, release the State of Connecticut, the University of Connecticut, their respective officers, directors, employees, agents, and successors, from any and all liability whatsoever for any injury to \_\_\_\_\_ (daughter/son/ward) or his/her property arising out of the hazards inherent in equestrian activities. I further attest that I am at least eighteen (18) years of age and fully competent to sign this Agreement. I execute this Release for full, adequate, and complete consideration, fully intending to be bound by the same, and fully understanding its terms.

DATE \_\_\_\_\_ NAME \_\_\_\_\_(print)

SIGNATURE: \_\_\_\_\_

**OR**

**Riders 18 years of age or older:**

In consideration of being able to participate in the above mentioned Riding Programs and/or workshops, and to the extent permitted by law, I, members of my family and spouse, and our respective heirs, successors, and assigns, release the State of Connecticut, the University of Connecticut, their respective officers, directors, employees, agents, and successors, from any and all liability whatsoever for any injury to me or my property arising out of the hazards inherent in equestrian activities. I further attest that I am at least eighteen (18) years of age and fully competent to sign this Agreement. I execute this Release for full, adequate, and complete consideration, fully intending to be bound by the same, and fully understanding its terms.

DATE \_\_\_\_\_ NAME \_\_\_\_\_(print)

SIGNATURE \_\_\_\_\_

**AND**

**RIDER'S LAST NAME:** \_\_\_\_\_

**NAME OF EMERGENCY CONTACT:** \_\_\_\_\_

**EMERGENCY CONTACT PHONE #:** \_\_\_\_\_

Revised Jan 2008

i:adm\hs\summerriding/forms/sumrelease