



Therapeutic Riding Center

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(717) 615-9222 main

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RELEASE TO BE COMPLETED BY AN ADULT PARTICIPANT

I, _____, am at least 18 years old and have submitted the attached application for participation in Greystone Manor Therapeutic Riding Center's (GMTRC) equine assisted services.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in GMTRC equine assisted services. I also represent that a licensed physician has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence, which would preclude me from participating in GMTRC equine assisted services.

I understand that if I have Down Syndrome and wish to participate in GMTRC equestrian RIDING services, I cannot participate in sports or events, which, by their nature, result in hyper-extension, radical flexion, or direct pressure on my neck or upper spine unless I have had a full radiological examination, which establishes the absence of Atlanto-axial Instability. I am aware that I must have this radiological examination before I can participate in GMTRC equestrian RIDING services.

I have read this paper and fully understand the provisions of this release. I understand that by signing this paper, I agree to the provisions of this release.

Signature of Adult Participant _____

Date _____

I certify that I have reviewed this release with the participant whose signature appears above. Based on that review, I am satisfied that the participant understands this release and has agreed to its terms.

Name (print) _____

Signature _____

Relationship to Participant _____