



Therapeutic Riding Center

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(717) 615-9222 main

RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR PARTICIPANT

I, _____, am the parent/guardian of _____, a minor on whose behalf I have submitted the attached application for participation in Greystone Manor Therapeutic Riding Center's (GMTRC) equestrian activities. I hereby represent that the above named minor has my consent to participate in GMTRC equestrian activities.

I further represent and warrant that, to the best of my knowledge and belief, the minor is physically and mentally able to participate in GMTRC equestrian activities. With my approval, a licensed physician has reviewed the health information contained in the minor's application and has certified, based on an independent medical examination, that there is no medical evidence, which would preclude the minor from participating in GMTRC equestrian activities.

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

I have read this paper and fully understand the provisions of this release. I have explained these provisions to the minor. I understand that by signing this paper, I agree to the provisions of this release in my own behalf and on behalf of the minor named above.

Signature of Parent/Guardian _____

Print Name of Parent/Guardian _____

Date _____

Relationship to Participant _____