



Powell River Therapeutic Riding Association
4356 Myrtle Avenue, Powell River, B.C. V8A 0T2
Phone: 604-485-0177 e-mail: prtra@shawbiz.ca

Client Riding Release Agreement 2021/22

The Powell River Therapeutic Riding Association is a non-profit organization which provides therapy on horseback and riding instruction for clients with physical, psychological and emotional issues.

PRTRA undertakes to provide as safe an environment for our clients as possible, but cannot guarantee that injuries will not occur. The following steps are taken to ensure the client's safety.

- Classes are conducted by experienced riding instructors who have first aid training.
- Helmets and safety belts are provided and all clients are required to wear them.
- Therapeutic horses are selected for their quiet disposition.
- Volunteer horse leaders, who have experience with horse-handling, and side-walkers are assigned to assist the client when necessary. They provide the amount of assistance deemed necessary by the instructor in charge of the class.
- Workshops are held to provide volunteer training.
- Horse tack is examined regularly and safety stirrups used with English saddles.
- Clients are advised that they must wear boots with a heel and be dressed appropriately for riding with long pants and warm clothing.
- The potential of natural or man-made hazards being present that can cause harm, including communicable disease.

I, the undersigned, do not hold the Powell River Therapeutic Riding Association directors, employees, volunteers or other personnel, responsible in the event of occurrences and possible injuries, no matter how caused and whether foreseen or not. I agree not to sue PRTRA or anyone associated with PRTRA in the event of any injury or damage, no matter how caused.

Client Information

Name: _____ Phone No. _____ Email: _____

Personal Health No. _____ Birth Date: _____

Emergency Contact Name and Number: _____

Medic Alert/Medications: _____

Allergies: _____

Signed: _____

Date: _____

Client

Witness: _____

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I give permission for my photograph or video to be taken while at the riding program, for record or publicity purposes.

Yes: ___ No: ___

I agree to have my name on a phone list, solely for the purpose of relaying information related to the riding program.

Yes: ___ No: ___

Signed: _____

Date: _____

Client

Witness: _____

Please return this form along with your \$10.00 Registration Fee to Powell River Therapeutic Riding Association.