



GaitWay Therapeutic Horsemanship

VOLUNTEER PHOTO/ MEDIA RELEASE

The undersigned volunteer hereby grants GaitWay Therapeutic Horsemanship, (hereinafter referred to as GaitWay), permission to take or have taken still or moving images whether print or digital, including television broadcast, including voice transmission or recording of (name of rider) _____. The undersigned also consents and authorizes GaitWay, its advertising agencies, news media, and any other person interested in GaitWay and its work, to use and reproduce the images, video and sound recordings and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, newspapers, magazines, television, media, brochures, pamphlets, instructional materials, books and clinical materials.

With respect to the foregoing matters, no inducements, or promises have been made to secure this signature to this release other than the intention of GaitWay to use or cause to be used such images, films, recordings, and video for the primary purpose of promoting GaitWay and its work.

I GIVE CONSENT _____ DATE: _____
Signature of Adult Volunteer or Parent/Legal Guardian

I DO NOT GIVE CONSENT: _____ DATE: _____
Signature of Adult Volunteer or Parent/Legal Guardian

VOLUNTEER LIABILITY RELEASE

As a volunteer at GaitWay Therapeutic Horsemanship (hereinafter referred to as GaitWay), I acknowledge the risks and potential for risks of a horseback riding program and that no liability can be accepted for accidents by any of the organizations concerned, including GaitWay. I understand that I may be assisting with the instructional riding class of GaitWay riders challenged with a disability and/or dysfunction. I understand that I will be working with and around horses; however, I feel that the possible benefits to myself and the rider's I work with are greater than the risk assumed. I, the undersigned volunteer, hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and forever release, acquit, discharge and hold harmless all claims for damages against GaitWay, its board of directors, trustees, agents, instructors, therapists, employees, representatives, successors, assigns, volunteers, owners of the property on which GaitWay operates, for any and all manner of claims, demands and damages of every kind or nature whatsoever, which volunteer may now or in the future have against GaitWay, its board or directors, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of the property on which GaitWay operates, successors or assigns on account of any personal injuries and/or personal damages known or unknown, or in anyway growing out of, the acts of GaitWay, its board of directors, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of the property on which GaitWay operates, successors or assigns.

I understand that under *Louisiana law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to R.S. 9:2795.1.*

I understand that if I am injured while performing normal GaitWay activities (sidewalking, leading horses, grooming, tacking up, assisting at fundraisers or participating in volunteer training) I am covered by GaitWay's insurance for medical expenses up to the policy limit of \$10,000.00 per person.

I understand that if a student is injured and brings suits against me as a volunteer, GaitWay's insurance policy treats me as an additional insured and will defend me within the bounds of its policy.

Signature of Volunteer

Date

Signature of Parent/Legal Guardian, if under 18 years

Date