



The Saddle Light Center for Therapeutic Horsemanship  
17530 Old Evans Road  
Selma, TX 78154

Phone: (210) 651-9574  
Fax: (210) 651-3495  
Web: thesaddlelightcenter.com

# RIDER AUTHORIZATION & RELEASE

## Contact Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: home (\_\_\_\_) \_\_\_\_\_ work (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

If under 18 years: \*Parent/Guardian/Caregiver

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**\*If rider is under 18 years old, Parent, Guardian, or Caregiver must sign all "Authorized Signature" lines.**

## In Case of Emergency:

In the event that emergency medical aid/treatment is required while participating in program activities, or while on the property of the agency, Saddle Light Center will seek treatment as indicated below.

\_\_\_\_ **I DO** authorize the **Saddle Light Center** to secure medical treatment and transportation.

\_\_\_\_ **I DO NOT** authorize the **Saddle Light Center** to secure medical treatment and transportation.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_ Location: \_\_\_\_\_

*(if none listed, nearest available emergency facility will be used):*

## Photo Release:

From time to time Saddle Light will use photographs or other audio-visual materials taken at the center for promotional or educational purposes to benefit the center and its programs.

\_\_\_\_ **I DO** authorize the **Saddle Light Center** to use any photographs or other audio-visual materials taken of me.

\_\_\_\_ **I DO NOT** authorize the **Saddle Light Center** to use any photographs or other audio-visual materials taken of me.



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## Rider Liability Release:

As a participant in the Saddle Light Center program, I acknowledge the risks and potential for risks of a horseback riding program. However I feel that the possible benefits for myself/my child/my ward are greater than the risks assumed. I hereby waive and release forever all claims for damages against The Saddle Light Center, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in The Saddle Light Center program.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** UNDER TEXAS LAW (CHAPTER 87, CML PRACTICE AND REMEDIES CODE), AN 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.

*Added by Acts 1995, Leg.. Ch. 549, Section 1, effective September 1, 1995.*