



Timmins Therapeutic Riding Association

Equine Assisted Therapy for Health & Wellness

1625 Mahoney Road, Timmins ON P4R 0H5

Phone: 705-268-5994

www.ttra.ca

Serving our community since 1987



LIABILITY RELEASE for all Riding/Driving/Mini Programs

I, _____ would like to participate in the Timmins Therapeutic Riding Association's Program for which I have registered. I acknowledge the risks, and potential for risk, of horseback riding and working with horses.

However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever, all claims for damages against the Timmins Therapeutic Riding Association and Rainbow Stables, its Board of Directors, Instructors, Aides, Volunteers and/or participating in the programs of the Timmins Therapeutic Riding Association.

Date: _____

Signature: _____

(Parent or Guardian if under 18 years)

Phone (Work): _____
