



Mailing Address:
P.O. Box 153
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Email: info@three-gaits.org

Physical Address (no mail):
3741 State Road 138W
Stoughton, WI 53589
Fax: (608) 873-1929
Web: three-gaits.org

CLIENT RELEASE FORM

Client Name _____ Email _____

Home Phone _____ Cell Phone _____

Street Address _____ City _____ State _____ ZIP _____

Parents/Guardian(s) Names _____

Address (if different from client) _____

Parent/Guardian contact phones _____

Liability Release (REQUIRED)

In return for being allowed to use the Three Gaits, Inc. Therapeutic Horsemanship Program, including its facilities, horses and equipment, where applicable for horseback riding and other horse related activities, I/my son/my daughter/ my ward _____ agree to abide by all the rules and regulations of Three Gaits, Inc. now in effect or later adopted. In addition, I hereby agree to assume all responsibility and risk from my/my son/my daughter/my ward's participation in activities of Three Gaits, Inc. I further agree to hold Three Gaits, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees free and harmless from all damages or liability for any injury to person or property arising as a result of the use of facilities, horses and or equipment owned or leased to Three Gaits, Inc., including any injury caused by their negligence.

I am aware of the significant risks of injury that horseback riding and horse-related activities may cause to myself/my son/my daughter/my ward, however I feel that the possible benefits to myself/my son/my daughter/my ward are greater than and outweigh the risk assumed. By signing this agreement I am assuming all risk and do hereby understand that horses are animals, not subject to any guarantee of reliability. Therefore, I agree to release, indemnify and hold harmless Three Gaits, Inc., the Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees from all liability they may incur.

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes."

COVID-19 Information

Required procedures include:

- I will not come to Three Gaits if I do not feel well, have a cough, cold, fever or other symptoms of illness.
- I will maintain the recommendations for social distancing to reduce the spread of COVID-19. This will require me to maintain six (6) feet of distance between myself, other volunteers, clients and staff as much as possible.
- I agree to wear a face mask anytime I am at Three Gaits, except when I am on the horse and told by an instructor or Three Gaits staff member that I may remove my mask.
- I agree to wash my hands for at least 20 seconds with soap and water or use hand sanitizer upon arrival at

Three Gaits; after using the restroom, sneezing, coughing, and before I leave.

- If I contract COVID-19 or have contact with a person who tests positive or has COVID-19, I agree to inform Three Gaits in a timely manner to allow for program closure.
- I understand that these precautions may change with relevant public health recommendations and I will be updated to comply with them.
- A policy regarding COVID-19 safety precautions will remain in effect until further notice.

Signature _____ Date _____

Client if over age 18, Parent or Guardian for younger than 18

Print Name _____ Phone _____

Photo Release (REQUIRED)

☐ I do ☐ I do not consent to and authorize the use and reproduction by Three Gaits, Inc. of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Exceptions: _____

Signature _____ Date _____

Client if over age 18, Parent or Guardian for younger than 18

Print Name _____ Phone _____