



CODE OF CONDUCT:

The undersigned acknowledges that he/she has read the Calvin Center Equestrian Program Code of Conduct document in its entirety; that he/she understands and agrees to behave in the manner outlined the Code of Conduct.

SIGNATURE: DATE:

SIGNATURE OF PARENT/GUARDIAN: DATE:

LIABILITY RELEASE:

WARNING Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equestrian activities resulting from the inherent risks of equine activities, pursuant to O.C.G.A. §4-12-3.

I, (participant or parent/guardian of participant) hereby consent to the participation of (participant) in any and all of the Calvin Center's Equestrian programs, including but not limited to therapeutic riding. I acknowledge the risks and potential for risks in riding and working with horses. However, I feel that the possible benefits to myself/my child/my ward and the clients I/he/she work with are greater than the risk assumed. Intending to be legally bound, for myself, my heirs and assigns, executors or administrators, I hereby assume all risks associated with the horses, horseback riding and the handling of animals and equipment. I waive and release forever all claims for damages of every kind and nature whatsoever against Calvin Center Inc., its board of directors, instructors, therapists, aides, volunteers, owners of horses leased to Calvin Center, and all representatives, successors, assigns and/or employees thereof for any and all injuries and or losses I/my child/ my ward may sustain while participating in Calvin Center's Equestrian Programs.

PHOTO/VIDEO RELEASE: I do consent to and authorize do not consent to nor authorize Calvin Center Inc. to use and reproduce any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, or for any other use for the benefit of the program.

POLICY OF CONFIDENTIALITY: Confidentiality is defined as "told in secret or private relations; trusted." Any information in regard to the participants (clients) at the Calvin Center Equestrian Program must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. In failure to abide by this policy, the quality of the services we provide may diminish and result in legal ramifications. I have read and understand Calvin Center's Policy of Confidentiality and agree to abide by the same.

The undersigned acknowledges that he/she has read this application in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

SIGNATURE: DATE:

SIGNATURE OF PARENT/GUARDIAN: DATE: