



RELEASE OF LIABILITY FORM

I, _____, would like to participate in the PATH Intl.
(Candidate's signature)

Equine Specialist in Mental Health and Learning workshop and Horsemanship Skills Test. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to me are greater than the risks 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 PATH Intl., its Board of Trustees, employees and faculty/evaluators for any and all injuries and/or losses I may sustain while participating in the PATH Intl. Equine Specialist in Mental Health and Learning workshop and Horsemanship Skills Test.

Signature: _____ Date: _____
(Candidate's signature)

Many disabilities or injuries have accompanying conditions that pose special physical risks during exercise. Horseback riding is exercise, as are other activities involved in this workshop and/or skills test, such as handling and working around horses. I understand that PATH Intl. and the host site recommend that I seek the advice of a physician before participating in activities that involve exercise, riding, handling or being near horses.

I understand that if I have a disability/disabilities, injury or physical condition that might affect my ability to ride, handle or be around horses at the PATH Intl. Equine Specialist in Mental Health and Learning workshop and Horsemanship Skills Test, I will need to apply for an accommodation as outlined in the accommodation policy.

Signature: _____ Date: _____
(Candidate's signature)