

ACCESS ADVENTURE RELEASE OF LIABILITY

I would like to participate in the Access Adventure Driving Program. I acknowledge the risks and potential for risks of carriage driving. However, I believe the benefits to myself/ my child/ 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 Access Adventure Driving Program, Solano Land Trust, Muir Heritage Land Trust, Rush Ranch Education Council, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses // my child/ my ward may sustain while participating in the Access Adventure Driving Program. If you or your child/ward is medically fragile we recommend seeing your doctor and require medical clearance prior to participation in our carriage rides.

Photo release (optional): I hereby consent to and authorize the use and reproduction by the Access Adventure Driving Program of any and all photographs taken of me/ my child/ my ward for promotional printed material, educational activities, exhibits or for any other use for the benefit of the program.

(PRINT NAME) _____ **(SIGNATURE)** _____ **Photo Release** **Y** **N** **PARENT SIGNATURE REQUIRED**
(AGE) _____ **FOR RIDERS UNDER AGE 18**

EVENT _____ LOCATION _____ DATE _____

ACCESS ADVENTURE
Registration and Release of Liability.

Participant: _____ D.O.B. _____ Age: _____
Address: _____
Home phone: _____ Work phone: _____
(Minors) Parent or guardian: _____

Address: _____
Phone: _____
School or institution presently attending _____
(Minors) My child/ward currently receives free or reduced price lunches at his/her school
_____ Yes, _____ No

Ethnic Origin _____ Decline to state: _____
In case of emergency, contact: _____ Phone: _____
Or contact: _____ Phone: _____

Liability Release:

_____ (name) would like to participate in the Access Adventure Driving Program. I acknowledge the risks and potential for risks of carriage driving. However, I believe that the positive benefits to me, my child/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 Access Adventure Driving Program, Solano Land Trust, Rush Ranch Education Council, Instructors, Therapists, Aides, Volunteers and/ or Employees for any and all injuries and/or losses I/ my child/ or ward may sustain while participating in the Access Adventure Driving Program.

Date: _____ Signature: _____
(Participant, parent or guardian)

Photo release (optional): I hereby consent to and authorize the use and reproduction by the Access Adventure Driving Program of any and all photographs taken of me/ my child/ my ward for promotional printed material, educational activities, exhibits or for any other use for the benefit of the program.

Date: _____ Signature: _____
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