



## Walk On Water Equine Assisted Therapy

3330 Perkinson Lane  
Merritt Island, FL 32953  
(321) 412-8057  
Praisedancer.bryan426@gmail.com

### LIABILITY RELEASE

In consideration of being allowed to participate in horseback riding with Walk on Water (referred to as WOW) I, for myself and any minor children for whom I am parent, legal guardian, or otherwise responsible and for my/our heirs, personal representatives or assigns, hereby acknowledge the risks of injury or damage (to property, personal injury and/or death) involved in horseback riding.

I understand that there is a risk in riding live animals and acknowledge that my/our participation in this activity is purely voluntary. I assume full responsibility for myself and any minor children for whom I am parent, guardian or otherwise responsible, for any bodily injury, accident, illness, paralysis, death, loss of personal property and expenses thereof as a result of any accident which may occur while I/we participate in the horseback ride and WOW. I/we further agree to abide all safety instructions, and to wear any safety equipment provided or brought on the horseback ride while I/we are participating in the activity.

I, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, hereby release, acquit and forgive WOW principals, directors, officers, agents, and volunteers and its owner, Patricia Bryan from any and all liability of any nature for any and all injury or damage (including property damage, personal injury, illness, blindness, paralysis, and/or death) to me or said minor children as the result of my/our participation in horseback riding at WOW.

I, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, and for my/our heirs, personal representatives or assigns, also hereby expressly waive any claim, lawsuit, complaint, charge, or cause of action against WOW, its principals, directors, agents, employees and its owner, Patricia Bryan, and for any and all injury or damage, to me or any such minor children and other persons as a result of my/our participation in horseback riding at WOW.

I, for my/our heirs, personal representatives and assigns also hereby expressly agree to indemnify and hold Harmless WOW principals, directors, employees, and its owner, Patricia Bryan, including costs, expenses and counsel fees, from and against all claims, lawsuits, complaints, charges or causes of action arising from the participation in horseback riding at WOW and the activities for which this Release and Waiver Agreement is given.

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Name (Print): \_\_\_\_\_ Age: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Authorization of Emergency Medical Treatment

Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_
Physician: \_\_\_\_\_ Preferred Facility: \_\_\_\_\_
Other Allergies: \_\_\_\_\_ Health Insurance Co.: \_\_\_\_\_
Diagnosis: \_\_\_\_\_ IEP: \_\_\_\_\_

Emergency Contact:

Name (Print): \_\_\_\_\_ Relationship: \_\_\_\_\_
Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If emergency medical aid/treatment is requited due to illness or injury while at the facilities used by Walk on Water Equine Assisted Therapy, at an event sponsored by Walk on Water Equine Assisted Therapy, or at an event in which Walk on Water Equine Assisted Therapy is a participant.

I authorize Walk on Water Equine Assisted Therapy to secure and retain medical treatment and transportation if needed. This authorization includes x-ray, surgery, hospitalization, medication, and treatment deemed "life-saving" by the physician if the person listed as Emergency Contact cannot be reached.

CONSENT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of parent or Guardian if under 18)



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## Photo Release Form

I grant Walk on Water Equine Assisted Therapy the right to take photographs of me and/or my family when on Walk on Water Equine Assisted Therapy property or any Walk on Water Equine Assisted Therapy sponsored events. I authorize Walk on Water Equine Assisted Therapy, its assigns, and transferees to copyright, use, and publish these photographs or videos in print and/or other digital media. I agree that Walk on Water Equine Assisted Therapy. may use these photographs of me with or without my name for any lawful purpose, including, but not limited to such purposes as publicity, illustration, advertising, and webcontent.

**I understand and agree to the photo release form information.**

CONSENT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of parent or Guardian if under 18)



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### Monthly Tuition Statement

Your support is a blessing to our program and helps us to feed and care for our horses, pay for our property and improvements, and help children in our community who are risk have a place where they can be encouraged. Tuition is due at the **FIRST LESSON OF THE MONTH** for the **ENTIRE MONTH**. Please make checks out to Walk on Water and remember that your tuition is tax deductible, so please keep track of what you contribute for your taxes next year.

#### Makeup Lessons

If you plan to miss a lesson, please let us know **24 HOURS** in advance so that we can fill your spot. Call us to cancel a lesson or arrange a makeup lesson. Make ups can be scheduled in advance and must be scheduled within the month they are missed. We will fill cancelled spots with makeup lessons. If none are available, we will make other arrangements with you within that month. Thank you for helping as grow to serve the Lord and our community. Together we can make a difference!

**I have read and understood the above information regarding tuition and makeup lesson policies.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**“We can do all things through Christ who strengthens us.”**

*-Phillipians 4:13*



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## Volunteer Registration

Name				Date:			
Employer:		Is this for a Service Learning Program or the Pay Program? (Please Specify)		Birth date:	Age:	Gender: <input checked="" type="radio"/> Male  <input checked="" type="radio"/> Female	
Address:							
Email Address:				Home Phone:		Cell Phone:	
<b>*minimum age is 12 years old</b>							
Please select which days you are available:	Monday <input type="radio"/> AM <input type="radio"/> PM	Tuesday <input type="radio"/> AM <input type="radio"/> PM	Wednesday <input type="radio"/> AM <input type="radio"/> PM	Thursday <input type="radio"/> AM <input type="radio"/> PM	Friday <input type="radio"/> AM <input type="radio"/> PM	Saturday <input type="radio"/> AM <input type="radio"/> PM	Sunday <input type="radio"/> AM <input type="radio"/> PM
Please Select Areas of Interest:		<input type="radio"/> Barn/horse Chores		<input type="radio"/> Administrative Tasks		<input type="radio"/> Exercising horses*	
<input type="radio"/> Leading a horse*		<input type="radio"/> Fundraising Events		<input type="radio"/> Volunteer Coordinator		<input type="radio"/> Camps	
<input type="radio"/> Side walking with student*		<input type="radio"/> Horse Shows		<input type="radio"/> Volunteer Trainer		<input type="radio"/> Riding Instructor*	
<b>*Experienced riders only, ability will be tested</b>							
Please note any physical or health limitations, special skills, or hobbies and experience:							

**Due to the nature of this program, we reserve the right to conduct background checks on all volunteers. All information is confidential.**

Have you ever been arrested for a crime?

Yes

No

Have you ever been convicted of a crime?

Yes

No

Driver's License Number:

State:

**Your signature is our authorization to complete this background check.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

