



Crossroads Center

Rena Cross, Executive Director 18252 Road 4 Liberal, Kansas 67901 620-629-5107

Release of Liability

(to be completed by all participants (clients and volunteers) or parent/legal guardian of participant)

_____ (participant name) would like to participate in equine activities in the Crossroads Center program. I/We acknowledge the risks and potential for risks of riding and working with horses. However, I/we feel that the possible benefit to me/our child or ward is greater than the risk assumed. I/We hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Crossroads Center, its Board of Directors, instructors, therapists, aides, volunteers and/or employees for any and all injuries and or losses I/our child may sustain.

Date _____ Signature _____
(Participant or parent/legal guardian of participant)

WARNING

Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities, pursuant to K.S.A. 60-4001 through 60-40004. You are assuming the risk of participation in this domestic animal activity.

Date _____ Signature _____
(Participant or parent/legal guardian of participant)

Photo Release

(to be completed by all participants (clients or volunteers) or parent/legal guardian of participant)

PHOTO RELEASE (Check one)

_____ **I DO CONSENT** to and authorize the use and reproduction by Crossroads Center

_____ **I DO NOT CONSENT** to and authorize the use and reproduction by Crossroads Center

of any and all photographs and any other audio/visual materials taken of me / my child / my ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date _____ Signature _____
(Participant or parent/legal guardian of participant)