



11900 West Offner Road * Peotone, IL 60468 * 815-478-4879

Welcome to Victory Reins! We are so excited that you have expressed an interest in coming to our facility. Enclosed you will find a Consent Form and a Video Tape/Photo Release that must be filled out and returned in order to participate.

Field Trips/Day Camps are customized for each group. It can include riding a horse, grooming and meeting all of our animals up close and personal (A great time for photos). Guest will learn about horse care, the different kinds of horses, how to saddle a horse, general horse safety and the equipment we use.

\$_____ per guest includes a tour, meet and greet with critters, grooming and informational class.

\$_____ per guest includes all of the above and a short riding session.

Groups are limited to _____ people, which allows us more quality time with our guests.

If you have any questions or require additional information regarding our program, please do not hesitate to contact us @ 815-478-4879 or sandy@victoryreins.org or judy@victoryreins.org. Check us out on our Face Book Group: Victory Reins, Therapeutic Riding Center.

PLEASE NOTE
If you have a student with **Downs Syndrome** and you plan on riding, we **MUST** have a doctor's release for that student to ride due to the possibility of Atlanta-Axial Subluxation.

Sandy Michalewicz, Founder/Director



*** Please fill out and return to the Victory Reins Office on the day of your visit.**

Name of Student _____ Date of Birth ____/____/____

Height _____' _____" Weight _____ lbs.

Diagnosis _____

Ambulatory Status: (Circle One) Independent Walker/Crutches Wheelchair

Victory Reins Horsemanship Program Consent Form

I hereby give my permission for (participant) _____ to participate in the Horsemanship Program. This may include any of the following activities: receiving horseback riding instruction, feeding/grooming animals, riding the horses, and maintaining the barn at Victory Reins.

In consideration for Victory Reins allowing _____ to participate in the horse back riding program the Participant and his/her successors and representatives do hereby agree to release and discharge Victory Reins' officers, staff, administrators, employees and agents from any and all causes of action damages, claims, costs, expenses (including attorney's fees) and liability in any way arising from or incidental to this authorization.

_____ Date _____

Participant signature required of all individuals ages 12 and over unless a guardian has been legally appointed.

_____ Date _____

Parent/Guardian signature required of all individuals under age 21, and those who have a guardian appointed.

_____ Date _____

Staff witness required in all instances when only a participant signature is required.

Video Tape /Photo Release

I give permission for the Victory Reins Horsemanship program its advertising agencies or news media to publish or reproduce the print/slide photographs, moving pictures or video tape for publicity purposes. Publicity may include but is not limited to newspaper, television, brochures, pamphlets, instructional materials and books.

I understand that no inducements or promises have been made to secure my signature to this release other than the intention of the Horsemanship Program to use or cause to be used such as prints, slides, moving pictures or video tape for the purpose of promoting the Horsemanship program and its work.

Specific limitations to the above _____
This release is valid for (1) year from the date it is signed and may be revoked by me in writing at any point in time.

Signed _____ Date _____