



## **Sierra Therapeutic Equestrian Program, Inc.**

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### **Photo Release**

I (check one:) ☐ Do / ☐ Do Not consent to and authorize the use and reproduction by Sierra Therapeutic Equestrian Program, Inc. (STEP, Inc.) of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Client, Parent or Legal Guardian  
(Signed in the presence of STEP, Inc. staff.)

### **Liability Release**

\_\_\_\_\_ (Rider's name) would like to participate in the STEP, Inc. program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself, my son/daughter or my ward are greater than the risk assumed. I, hereby, intend to be legally bound for myself, my heirs and assigned executors or administrators. I waive and release, forever, all claims for damages against STEP, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or employees for any and all injuries and/or losses I, my son/daughter or my ward may sustain while participating in the STEP, Inc. program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Client, Parent or Legal Guardian  
(Signed in the presence of STEP, Inc. staff.)