

ACCESS ADVENTURE, Inc.
3521 Grizzly Island Rd., Suisun City CA
P. O. Box, 2852, Fairfield, CA 94533

Participant 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 _____

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: _____
(Participant, parent or guardian)

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.