



**Riverwood**

**Therapeutic Riding Center**

6825 Rolling View Drive  
Tobaccoville, NC 27050  
(336) 922-6426  
www.riverwoodtrc.org

**Surgery Release Form**

*To be completed if a student has had surgery within the past 12 months.*

I give my permission for this student, \_\_\_\_\_(name), to resume regular horse back riding activities on, \_\_\_\_\_(date to begin riding).

Physician Signature \_\_\_\_\_  
Date \_\_\_\_\_

Special Considerations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_