

Rider's Registration & Release Form

Registration

Client: _____ Date of Birth: _____ Age: _____

Diagnosis: _____

Street: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Parents or Guardian: _____

Address/Phone: _____

School or Institution presently attending: _____

In case of emergency: Contact #1 _____ Phone: _____

Contact#2 _____ Phone: _____

Liability Release

_____ (Client's Name) would like to participate in the Therapeutic Riding program at the Helen Woodward Animal Center. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive, release, and indemnify, defend, and hold harmless forever all claims for damages against the Helen Woodward Animal Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/ my son/ my daughter/ my ward may sustain while participating in the Therapeutic Riding program at the Helen Woodward Animal Center.

Date: _____ Signature: _____

Client, Parent or Guardian

Photo Release

I hereby consent to and authorize the use and reproduction by the Helen Woodward Animal Center of any and all photographs and any other audiovisual materials taken of me/ my son/ my daughter/ my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Date: _____ Signature: _____

Client, Parent or Guardian