



## REGISTRATION AND RELEASE FORM

Participant's Name: \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Weight: \_\_\_\_\_ Height \_\_\_\_\_

Disability: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

### CONTACT INFORMATION:

Emergency Contact Person: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Primary Contact (for information, billing, etc.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

## PHOTO RELEASE

\_\_\_\_\_ I hereby consent to and authorize

\_\_\_\_\_ I do not consent to, nor do I authorize

the use and reproduction of any and all photographs and other audiovisual materials taken of me/participant by Ridin' High, Inc. for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Client, Parent or Guardian)

## LIABILITY RELEASE

\_\_\_\_\_ (Name) would like to participate in the Therapeutic Riding Program at Ridin' High. I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm; however, I feel that the possible benefits to myself /my child /my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against Ridin' High, Inc., its Board of Directors, Instructors, Therapists, Volunteers, and/or Employees, Circle N Hilltop Farm and its owner for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Program or any other related activities from whatever cause including but not limited to the negligence of these released parties. The undersigned acknowledges that he/she has read this Registration and Release Form in its entirety, that he/she understands the terms of this release, and has signed this voluntarily and with full knowledge of the effects thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Client, Parent or Guardian)