

**Rider Registration
& Photo Release**



Registration

Rider's Name _____ Date of Birth _____

Address _____

Home Phone _____ Work Phone _____ Cell _____

E-mail _____ Height _____ Weight _____

Parent/guardian/caretaker name _____

Address/Phone (if different) _____

Previous experience (horse-related, volunteer, etc.) _____

School or institution presently attending _____

Employer(s) or Affiliation _____

How did you learn about Wesley Woods? _____

Names/Phone of health professionals involved in rider's care (MD, OT, PT, etc):

Photo Release

I hereby consent to and authorize the use and reproduction by Wesley Woods of any and all photographs and any and all other audio and/or visual materials taken of me/my child/ward for promotional material, educational activities, or for any other use for the benefit of the program. I release Wesley Woods, the Conference, management, agents, employees, volunteers, and affiliated organizations from any and all liability in this connection and from any claim for financial benefit or compensation for such use.

- Yes
- No

Restrictions (check only if applicable)

- Permission to use my name is not granted.
- Face may not be identifiable in any photograph or video.

Date: _____ Signature: _____
Participant, Parent/Guardian/Caretaker (Must be 18 or older)

Emergency Medical Treatment

In the event emergency medical aid/treatment is required for me or for any participant on whose behalf I sign below, due to illness or injury while participating in or in attendance at Wesley Woods Camp and Retreat Center activities, I authorize Wesley Woods Camp and Retreat Center to secure and retain medical treatment and transportation as needed. This authorization includes x/ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if I cannot respond or cannot be reached at the time of the emergency. I further agree to pay for such services and to release, indemnify, and hold Wesley Woods Camp and Retreat Center, and all associated individuals and organizations harmless of and from any and all claims arising from such aid/treatment.

Date _____ Signature _____
Participant, Parent/Guardian/Caretaker (must be 18 or over)

Emergency Contact Person

In the event of an emergency, please contact the following individual(s):

Name & Phone #	Relationship to rider
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