

# 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 U Ride Too! 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 U Ride Too!, 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 U Ride Too!.

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