



## Rider's Registration and Release Form

### Registration

Client \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Parents or Guardian \_\_\_\_\_

Address/Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

School or Institution Presently Attending \_\_\_\_\_

Caregiver Name \_\_\_\_\_

Caregiver Address & Phone \_\_\_\_\_

In Case of Emergency, Contact \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Liability Release

\_\_\_\_\_ (Client's Name) would like to participate in the Ride On St. Louis program. I acknowledge the risks and potential for risks of horseback riding, Hippotherapy and Equine-Facilitated Psychotherapy; 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 and release forever all claims for damages against Ride On St. Louis, 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 Ride On St. Louis activities.

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

(Client, Parent, Guardian)

### Photo Release

I hereby consent to and authorize the use and reproduction by Ride On St. Louis of any and all photographs and any other audio-visual 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. I understand my child's name and diagnosis may appear with a photo or in printed material.

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

(Client, Parent, Guardian)