

Equi★Star Therapeutic Riding Center, Inc.

2199 Fuller Road, Burt NY 14028 716-778-8249



2012 RIDER REGISTRATION & RELEASE FORM

Name		DOB	Age *
Address, City, Zip			
Email address		Home Phone	
Cell Phone	Place of work (if applicable)	Work Phone (if applicable)	
Parent/Guardian (if applicable)			
Emergency Contact		Emergency Phone	
Emergency Contact		Emergency Phone	
School or institution presently attending			

* *minimum age of 3 ½ to ride*

* *maximum weight limit of 200 lbs*

LIABILITY RELEASE

_____ (rider's name) would like to participate in the Equi★Star Therapeutic Riding Center, Inc. program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims against Equi★Star Therapeutic Riding Center, Inc., its Board of Directors, instructors, therapists, aides, volunteers and/or employees for any and all injuries and/or losses that I/son/daughter/ward may sustain while participating in the Equi★Star Therapeutic Riding Center, Inc. program.

Date

Client, Parent or Guardian Signature

PHOTO RELEASE

I, hereby, consent to and authorize the use and reproduction by Equi★ Star Therapeutic Riding Center, Inc. of any and all photographs and any other audiovisual materials taken of me/son/daughter/ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Date

Client, Parent or Guardian Signature