

SunDance Riding Therapy, Inc.
Rider's Registration and Release Form (valid for 3 years)



Client Name _____

Date of Birth _____ Current Age _____

Address, City, State and Zip Code _____

Home Telephone _____ Work Telephone _____

Parent or Guardian Name _____

Parent/Guardian Address and Phone Number _____

If Student, Name and Location of School _____

Emergency Contact #1 Name and Telephone Number _____

Emergency Contact #2 Name and Telephone Number _____

Liability Release

_____ (Client's Name) would like to participate in the SunDance Riding Therapy, Inc. program. I acknowledge the risks and potential for risks of horseback riding. 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 or administrators, waive and release forever all claims for damages against SunDance Riding Therapy, Inc., its Board of Directors, Instructors, Therapists, Aides, volunteers and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in SunDance Riding Therapy, Inc.

Date _____

Signature _____

(Continued)

Photo Release (optional)

I hereby consent to and authorize the use and reproduction by SunDance Riding Therapy, Inc. of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Date_____

Signature_____