

# Equi★Star Therapeutic Riding Center, Inc.

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



## ***RIDER REGISTRATION & RELEASE FORM***

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

### **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