



**Reining Hope Adaptive Equine Assisted Activities & Therapies LLC**

574 Sunset Drive  
PO Box 146  
Morgan, VT 05853  
Tel: 802.895.9166 Fax: 802.895-9177 Web: [www.reininghopeaeaat.com](http://www.reininghopeaeaat.com)  
**"Wish It, Dream It, Do It!"**

**Reining Hope 2017 Summer Youth Horsemanship Program  
APPLICATION AND RELEASE FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Disability/Diagnosis/Pertinent Information (if any): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Person #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the rider participated in the Reining Hope Program before?  Yes  No If Yes, When? \_\_\_\_\_

Please describe the riding skill: Never Ridden \_\_\_\_\_ Beginner \_\_\_\_\_  
Intermediate \_\_\_\_\_ Advanced (able to walk/trot/canter independently) \_\_\_\_\_

**First Session Choice (please circle):** #1 July 17 – July 21 (M -F) Fee: \$350. (50% Deposit: \$175.00)  
#2 TBD if week 1 fills by 5/15/17 Fee: \$350. (50% Deposit: \$175.00)

If your first choice is filled and/or you wish to participate in more than one session, please indicate order of preference:  
\_\_\_\_\_

**Rider's T-Shirt Size:** Child's - Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_  
Adult's - Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_

**PHOTO RELEASE:** \_\_\_\_\_ I hereby consent to and authorize  
\_\_\_\_\_ I do not consent to nor authorize

The use and reproduction by Reining Hope AEAAT LLC of any and all photographs and other audiovisual materials taken of me for promotional printed material, educational activities, exhibitions or for other use for the benefit of the program.

**LIABILITY RELEASE ( Required):** I, \_\_\_\_\_ (Name of Rider/Participant), would like to participate in the Reining Hope AEAAT LLC Program. I acknowledge the risks and potential for risks of horseback riding and other equine-assisted activities including grievous bodily harm. 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, administrators, waive and release forever all claims for damages against Reining Hope AEAAT LLC, its Members, 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 the Program from whatever cause including but not limited to the negligence of these related parties.

The undersigned acknowledges that he/she has read this Registration and Release Form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_