



Reining Hope Adaptive Equine Assisted Activities & Therapies LLC

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Morgan, VT 05853

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"Wish It, Dream It, Do It!"

REGISTRATION AND RELEASE FORM

Participant's Name: _____ Date of Birth: ___/___/___ Age: _____
Weight: _____ Height: _____ Disability: _____
School or Institution Presently Attending: _____ Teacher's Name: _____

Primary Contact Name: _____

check one: () Parent () Guardian () Executor () Residential Mgr. () Other: Specify _____

Mailing Address:

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____ E-Mail: _____

Business Name: _____ Address: _____ Bus. Phone: () _____

PHOTO/VIDEO RELEASE: _____ I hereby consent to and authorize
_____ I do not consent to, nor do I authorize
the use and reproduction of any and all photographs and other audiovisual materials taken of me/participant by Reining Hope AEAAT LLC for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.
Date: _____ Signature: _____

LIABILITY RELEASE (Required): _____ (Name) would like to participate in the Reining Hope AEAAT LLC Program. I acknowledge the risks and potential for risks of horseback riding and related equine 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, and administrators, waive and release forever all claims for damages against Reining Hope AEAAT LLC, 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 the Program from whatever cause including but not limited to the negligence of these released 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: _____

TESTING RELEASE (NEW RIDERS ONLY): I have read the letter to prospective Reining Hope participants, parents and/or teachers. I understand the importance of pre- and post-testing of new participants. I give permission for _____ to be tested by Reining Hope.

(Name of Participant)

Date: _____ Signature: _____