



HorseSense  
Riding Therapy Program  
A Camillus Foundation Project

Date \_\_\_\_\_

## Rider's Registration and Release Form

### Registration

Client's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address/ Phone: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

### Liability Release

\_\_\_\_\_ (Client's Name) Would like to participate in the HorseSense Riding program. I acknowledge the risks and potential for risk in horseback riding. However, I feel that the possible benefits to myself/ my son/ my daughter/ 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 HorseSense, The Camillus Foundation, its Board of Directors, Instructors, Therapists, Aids, Volunteers, and/or Employees for any and all injuries and/or losses I/ my son/ my daughter/ my ward may sustain while participating in HorseSense.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

( Client, Parent, Guardian)

### Photo Release (optional)

I Hereby consent to and authorize the use and reproduction by HorseSense of any and all photographs and any other audiovisual materials taken of me/ my son/ my daughter/ my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

( Client, Parent Guardian)