



Mobility to the spirit
within!



North American Riding for the
Handicapped Association, Inc.

PREMIER ACCREDITED CENTER

Rider's Registration and Release Form

Name: _____ DOB: _____ Phone: _____

Address: _____

Home Phone: _____ Emergency: _____

Parents or Guardian: _____ email: _____

Address/Phone: _____

School or Institution presently attending: _____

Other therapeutic riding programs attended or investigated: _____

How familiar are you with horses? _____

Liability Release

_____ would like to participate in the Heads Up! 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 Heads Up!, its Board of Directors, Instructors, Therapists, Aides, Volunteers and Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in Heads Up!

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

Photo Release

I hereby consent to and authorize the use and reproduction by Heads Up! 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: _____ Consent Signature: _____

Client, Parent or Legal Guardian

I do not consent to use my image for any materials.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

"WARNING"

Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.

- Chapter 99E of the North Carolina General statutes.