



## Rider's Registration & Release Forms

*Please Print Legibly*

### **Registration**

Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent-Guardian/Primary Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone Type: Cell Home Work

E-mail Address: \_\_\_\_\_

Parent-Guardian/Secondary Contact: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Phone Type: Cell Home Work

E-mail Address: \_\_\_\_\_

School or Educational Facility presently attending: \_\_\_\_\_

In case of emergency (other than parent or guardian listed above):

Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Liability Release**

\_\_\_\_\_ (Client's Name) would like to participate in the Therapeutic Riding program at the Helen Woodward Animal Center. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward are greater than the risk assumed. I understand that participating in Helen Woodward Animal Center's activities involves the risk of injury to me [or to my child under 18 years of age or person who is my legal ward], whether I [or my child under 18 years of age or someone who is my legal ward] or someone else causes it. Specific risks vary from one activity to another and the risks range from minor injuries to major injuries, including catastrophic injuries. In consideration of my [or my child under 18 years of age or person who is my legal ward] participation in the activities offered by Helen Woodward Animal Center, I, for myself [or on behalf of my child under 18 years of age or person who is my legal ward] understand and voluntarily accept the risks and agree that Helen Woodward Animal Center, its officers, directors, employees, volunteers, agents and independent contractors, will not be liable for any injury, including without limitation, any personal, bodily or mental injury, any economic loss or any damage to me [or my child under 18 years of age or person who is my legal ward] resulting from any negligence of Helen Woodward Animal Center or anyone acting on Helen Woodward Animal Center's behalf.

By signing below, I acknowledge and agree that I have read the statement above, understand the nature of the activities and risks, and agree to the terms.

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

Print Name: \_\_\_\_\_

Participants Name: \_\_\_\_\_

Relationship to Participant (if not the same): \_\_\_\_\_

## **Photo Release**

I, the undersigned, hereby grant Helen Woodward Animal Center ("Center") permission to use, exploit, adapt, modify, reproduce, distribute, publically perform and display, in any form known or later developed, my image or visual likeness, my name and/or my voice (the "Personal Information") as specified in this Release, throughout the world, by incorporating it or them into publications, catalogues, brochures, books, magazines, photo exhibits, motion picture films, internet websites, videotapes, and/or other media (the "Works") or commercial, informational, educations, advertising, or promotional materials relating thereto.

I release, and hereby agree to indemnify, defend and save harmless Center, its agents, employees, licensees and assigns (collectively "Released Entities") from any and all claims I, or any third party, may have now or in the future for invasion of privacy, right of publicity, copyright infringement, defamation or any other cause of action arising out of the use, exploitation, reproduction, adaption, distribution, broadcast, performance or display of the Personal Information.

I waive any right to inspect or to approve any Works that may be created using the Personal Information and waive any claim with respect to the eventual use to which the Personal Information may be applied. The personal information may be used at the Center's sole discretion, with or without my name or with a fictitious name, and with fictitious or accurate biographical material, alone or in conjunction with any other material of any kind or nature except that Center will not use the Personal Information for any criminal or illegal purpose or in a manner inconsistent with community standards of decency.

I understand and agree that Center is and shall be the exclusive owner of all right, title and interest, including copyright, in the Works, and any commercial, informational, educational, advertising, or promotional materials containing the Materials.

I am of full legal age and have read this release and am fully familiar with its content. By their signature below, a minor's parent(s) or legal guardian(s) indicate, on behalf of their minor child, their full and unqualified consent to the terms of this Release and License.

Name: \_\_\_\_\_ Age (if Minor): \_\_\_\_\_

Signature (not required if parent/guardian is signing): \_\_\_\_\_

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

Name of Parent/Guardian (if applicable): \_\_\_\_\_

Signature of Parent/Guardian (if applicable): \_\_\_\_\_

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

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

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