

Rising Tide Therapeutic Equestrian Center Inc.

Rider Registration

Rider Name _____ Birth Date _____ Height _____ Weight _____

Street or P.O. Box _____ City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Family E-mail Address _____

Parents or Guardian _____

School or Institution presently attending _____

Address / Phone (of school presently attending) _____

In Case of emergency contact: _____ Phone _____

Please list as much detail as possible any prior riding or horse experience _____

Do you have any condition that might interfere with you ability to safely ride a horse?

Health History

	Y	N	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional			
Behavioral			
Pain			
Bone / Joint			
Muscular			
Thinking/ Cognition			

Tetanus Shot Yes _____ No _____ Date _____

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What medication(s) is participant currently taking, including over the counter medication?

Describe the participants abilities/ difficulties in the following areas (include assistance required pr equipment needed:

FUNCTION (ie; Mobility skills such as transfers, walking, wheelchair use, driving/ bus riding)

SOCIAL (ie; work/school including grade completed, leisure interests, companion animals, fears/ concerns)

GOALS (ie; Reason for participation? What does the participant want to accomplish?)

UNDER MASS. LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. PURSUANT TO CHAPTER 128 section 2D OF THE GENERAL LAWS.

Signature of rider _____ Date _____

Signature by parent/ guardian must sign if rider is under the age of 18 _____

Photo Release: I hereby consent to / do not consent to (CIRCLE ONE) and authorize the use and reproduction by Rising Tide of any and all photographs and any other audiovisual materials taken of me/ my son/ daughter/ ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Signature _____ Date _____

Parent/ Guardian must sign if rider is under the age of 18.

Rising Tide Therapeutic Equestrian Center, Inc.

Release and Hold Harmless Agreement

No student will be accepted for therapeutic horsemanship instruction and no volunteer accepted for service at Rising Tide Therapeutic Equestrian Center, Inc. until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED**, by parent(s) or guardian(s) of a minor, if the student or volunteer is of legal age and sound mind, by the student or volunteer.

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledged the inherent risks involved in riding, driving, and working around horses. This includes bodily injury from horseback riding or driving or being in close proximity to horses. Among other risks, both horse and rider can be injured during normal use or in competition and schooling. In order to provide this valuable service, **NO LIABILITY** can be accepted by the **Rising Tide Therapeutic Equestrian Center, Inc.** or any of the organizations or persons connected with the above named facility.

IN CONSIDERATION for the privilege of riding, driving and/or working around horses at the **Rising Tide Therapeutic Equestrian Center, Inc.**, the undersigned, as self, or as parent(s), or guardian(s) of the named minor, jointly or severally, do hereby agree to release, hold harmless and indemnify the **Rising Tide Therapeutic Equestrian Center, Inc.**, its Officers, Directors, trustees, agents, employees, representatives, successors, and assigns from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorney's fees, which the undersigned or said minor may now or in the future have against the **Rising Tide Therapeutic Equestrian Center, Inc.**, its officers, directors, trustees, agents, employees, representatives, successors, and assigns, on account of any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to, acts or incidents occurring at or relating to the **Rising Tide Therapeutic Equestrian Center, Inc.**, its officers, directors, trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence in rendering the services described above or in any way incidental there to.

I have carefully read this agreement and fully understand its contents

Participant Name (Print) _____

Participant or Parent/Guardian Signature _____ Date: _____

Address _____ City _____

State _____ Zip _____ Tele.# _____