

Reins From Above Therapeutic Riding Center, Inc.

86 Polenta Road
Smithfield, NC 27577
Phone: 919-938-1556

Website: www.reinsfromabove.org

**** Please note that horseback riding is contraindicated for some conditions/individuals, and Reins From Above Therapeutic Riding Center, Inc. reserves the right to consider each application and deny services to individuals based upon concerns for the applicant's safety and/or the safety of the horses, volunteers, staff, or property owners, or for other reasons. Please refer to Reins From Above Therapeutic Riding Center, Inc.'s Policies and Barn Rules for guidelines. ****

PARTICIPANT REGISTRATION AND RELEASE FORM

Date: _____

Client Name: _____ Date of Birth: _____ Age: _____

Street/P.O. Box: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Email Address: _____ Social Security Number: _____

Parents or Guardian(s): _____

Address _____ Phone: _____

Adult Caretaker, if any: _____ Phone _____

School or institution presently attending: _____

In case of emergency contact: _____ Phone: _____

Or contact: _____ Phone: _____

PHOTO/VIDEO/MEDIA RELEASE

I consent to and authorize the use and reproduction by **Reins From Above Therapeutic Riding Center, Inc.** of any and all photographs and any other audiovisual, videotape, or digital media materials taken of me/my child/my ward for promotional printed material, internet website, educational activities, exhibitions or for any other use for the benefit of **Reins From Above Therapeutic Riding Center, Inc.** or the North American Riding for the Handicapped Association (NARHA).

Date: _____ Signature of Participant: _____

Print Name of Participant: _____

Parents or guardians with legal custody must sign IF participant is under eighteen (18) years of age or otherwise under a legal disability.

Date _____ Signature of Parent/Guardian _____

Print Name _____

Date _____ Signature of Parent/Guardian _____

Print Name _____