



Participant Registration and Release Form

PLEASE COMPLETE THIS FORM

Date(s) on Property _____

Client: _____ Date of Birth: _____

Street: _____

City: _____ State: _____ Zip: _____ Email _____

Home Phone: _____ Work: _____ Cell: _____

Parents/Guardian/Spouse: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

School or Institution presently attending (if applicable): _____

In case of an emergency, Contact: _____ Phone: _____

Contact: _____ Phone: _____

Liability Release

_____ AS A PARTICIPANT WITH HEALING STRIDES OF VA, I ACKNOWLEDGE AND UNDERSTAND THE RISKS AND POTENTIAL RISKS OF A HORESMANSHIP PROGRAM INCLUDING BUT NOT LIMITED TO, (i) THE PROPENSITY OF AN EQUINE TO BEHAVE IN DANGEROUS WAYS, WHICH MAY RESULT IN INJURY OR DEATH TO THE PARTICIPANT OR DAMAGE TO PROPERTY; (ii) THE INABILITY TO PREDICT AN EQUINE'S REACTION TO SOUND, MOVEMENTS, OBJECTS, PERSONS OR ANIMALS; (iii) HAZARDS OF SURFACE OR SUBSURFACE CONDITIONS WHETHER KNOWN OR UNKNOWN; (iv) THE CONDITION AND AGE OF THE EQUIPMENT OR TACK, HOWEVER, I FEEL THAT THE POSSIBLE BENEFITS TO MYSELF/MY SON/MY DAUGHTER/MY WARD ARE GREATER THAN THE RISK ASSUMED. I HEREBY, INTENT TO BE LEGALLY BOUND, FOR MYSELF, MY HEIRS AND ASSIGNS, EXECUTORS OR ADMINISTRATORS, AND WAIVE AND RELEASE FOREVER ALL CLAIMS FOR DAMAGES AGAINST HEALING STRIDES OF VA AND ITS BOARD OF DIRECTORS AND EMPLOYEES, INSTRUCTORS, THERAPISTS, AIDES, VOLUNTEERS AND THEIR RESPECTIVE FAMILIES, FOR ANY AND ALL INJURIES AND/OR LOSSES I MAY SUSTAIN WHILE PARTICIPATING IN HEALING STRIDES OF VA. I FURTHER CERTIFY THAT THE FOREGOING STATEMENTS AND REPRESENTATIONS ARE BEING MADE BY ME KNOWINGLY, FREELY AND VOLUNTARILY AND I UNDERSTAND THAT HEALING STRIDES OF VA IS EXPRESSLY RELYING UPON THE FOREGOING STATEMENTS AND REPRESENTATIONS IN PERMITTING ME TO PARTICIPATE IN HEALING STRIDES OF VA.

Date: _____ Signature of Client/Parent/ Guardian/ Caregiver: _____

PHOTO RELEASE

___ I CONSENT TO AND AUTHORIZE THE USE AND REPRODUCTION BY HEALING STRIDES OF VA, OF ANY AND ALL PHOTOGRAPHS AND ANY OTHER AUDIOVISUAL MATERIALS TAKEN OF ME/MY SON/MY DAUGHTER/MY WARD FOR PROMOTIONAL MATERIAL, EDUCATIONAL ACTIVITES, EXHIBITIONS OF FOR ANY OTHER USE FOR THE BENEFIT OF THE PROGRAM

___ I DO NOT CONSENT TO THE ABOVE **PHOTO RELEASE**

SIGNATURE: _____ DATE _____

PARENT/GUARDIAN/CAREGIVER: _____ DATE _____

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www.healingstridesofva.org