

Rider Registration and Release Form

Registration

Client Name: _____ Gender: Male Female

Date of Birth: ____/____/____ Age: ____

Mailing Address: _____ City, State, Zip: _____

Home Phone: (____) _____ E-mail Address: _____

Work Phone: (____) _____ Cell Phone: (____) _____

Emergency Phone: (____) _____

Parent or Guardian's Name(s): _____

Mailing Address: _____ City, State, Zip: _____

Phone: (____) _____

School or institution presently attending: _____

1. In case of emergency, contact person: _____ phone: _____

2. In case of emergency, contact person: _____ phone: _____

Liability Release

_____ (Client's name) would like to participate in **The Luci Center** program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to my son/my daughter/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 damage against **The Luci Center**, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in **The Luci Center**.

Date: _____ Signature: _____
Client, Parent or Guardian

Photo Release

I hereby consent to and authorize the use and reproduction by **The Luci Center** of any and all photographs and any other audiovisual materials taken of my/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Date: _____ Signature: _____
Client, Parent or Guardian