

## Rider Registration and Release Form

### Registration:

Client \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Emerg. Phone \_\_\_\_\_

Parents or Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Caregiver (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Second Parent/Guardian address if different from above \_\_\_\_\_

Ethnic Background (optional)

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander          |
| <input type="checkbox"/> Black/African-American            | <input type="checkbox"/> Hispanic/Latino                    |
| <input type="checkbox"/> Whites, Anglo, Caucasian          | <input type="checkbox"/> Multiracial (please specify) _____ |

### LIABILITY RELEASE:

\_\_\_\_\_ (Client's Name) would like to participate in the Whispers of Hope program. I acknowledge the risks and potential risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, or administrators, waive and release forever all claims for damages against Whispers of Hope Horse Farm, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and /or loss I/my son/my daughter/my ward may sustain while participating in Whispers of Hope programs

**WARNING** – Under Texas law (Chapter 87 Civil Practice and Remedies Code), 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.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Client, Parent, Guardian or Adult Caregiver

### PHOTO RELEASE:

I hereby authorize the use and reproduction by Whispers of Hope for any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities of for any other use for the benefit of the program. (No signature indicates non-consent).

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Client, Parent, Guardian or Adult Caregiver