

Elliott Acres Therapy Riding, Inc.
168 Headland Road
Butler PA 16002 www.elliottacrestherapyriding.org
724-991-2477

Registration & Release

Registration

Client _____ DOB _____ Age _____
Address _____ E-mail _____
Home Phone _____ Cell _____
School attending _____
Parents or Guardian _____ Phone _____
Address _____
E-Mail _____
Emergency Contacts _____ Phone _____
_____ Phone _____

Liability Release

_____ (Clients name) would like to participate in the Elliott Acres Therapy Riding Program. I acknowledge the risks and potential for risks of horseback riding; however, I feel that the possible benefits to myself/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 damages against Elliott Acres Therapy Riding, Inc; 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 Elliott Acres Therapy Riding Program.

Date _____ 20__ Signed _____
(client, parent or guardian if under 21)

Photo Release

I hereby consent to and authorize the use and reproduction by Elliott Acres Therapy Riding, Inc. of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities for any other use for the benefit of the program.

_____ YES _____ NO

Date _____ Signature _____
(parent if under 21)

