



Therapeutic Riding Center
181 Franklin Farm Lane
Chambersburg, PA 17202

717-263-9226
Barn: 263-0443



Registration and Release Form

Registration

Rider/Volunteer Name: _____ Date of Birth: _____ Age: _____

Street: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Work Phone: _____ Emergency: _____

Parents or Guardian: _____

Address/Phone: _____

School or Institution presently attending: _____

In Case of emergency Contact: _____ Phone: _____

Contact: _____ Phone: _____

Liability Release

_____ (Name) would like to participate in the Therapeutic Riding Center 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 the Therapeutic Riding 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 Therapeutic Riding Center Program. "We assume the risk of equine activities pursuant to Pennsylvania Law."

Date: _____ Signature: _____

(Rider, Volunteer, (Parent or Guardian if rider is under 18))

Photo Release

I hereby consent to and authorize the use and reproduction by the Therapeutic Riding Center of any all photographs and any other audiovisual materials taken of me/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: _____

(Rider, Volunteer, Parent or Guardian)