



Therapeutic Riding Center
181 Franklin farm Lane
Chambersburg, PA 17202

Volunteer
 Teen volunteer
 Participant

Registration and Release Form

Name: _____ Date of Birth: _____ Age: _____ Gender: M ___ F ___

Street: _____ City: _____

State: _____ Zip Code: _____ E-Mail: _____

Phone: _____ Work: _____ Cell: _____

Residence: _____ Township: _____ Race: _____
(Farm, Rural, Town, Suburb, City) (Codes on back)

School or Institution presently attending: _____ Grade: _____

For Those Under 18:

Parents or Guardian: _____

Address/Phone/Cell: _____

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 me/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: _____

(Participant/Volunteer, (Parent or Guardian if under 18))

Photo Release:

I hereby consent to and authorize all photographs to be used in Penn State Cooperative Extension 4-H exhibits, Penn State publications, and/or Penn State web sites. Moreover, I also consent 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, daughter, or ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Date: _____ Signature: _____

(Participant/Volunteer, (Parent or Guardian if under 18))