



## Rider Registration & Release Forms

Rider's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Rider's Parent/Guardian: \_\_\_\_\_

Parent/Guardian's Cell Phone: (\_\_\_\_) \_\_\_\_\_ Parent/Guardian's Work Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian's Place of Employment: \_\_\_\_\_ City: \_\_\_\_\_

Rider's Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Present Disability (if any): \_\_\_\_\_

Current Challenges/Struggles: \_\_\_\_\_

Has this person ever ridden a horse? Circle: YES or NO

List of activities, sports, games, and/or reinforcements that the rider enjoys?

\_\_\_\_\_

List of activities, games, and/or reinforcements that the rider fears?

\_\_\_\_\_

What else would you like us to know about you/the rider?

\_\_\_\_\_

What benefits would you like to obtain through lessons here? List goals here

\_\_\_\_\_

\_\_\_\_\_

### Photo Release

(Please check one):

I do \_\_\_\_\_ / I do NOT \_\_\_\_\_ consent to and authorize the use and reproduction by Cedar Springs Ranch of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Client, Parent or Guardian)



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### Liability Release

\_\_\_\_\_ (Rider's Name) would like to participate in the riding program at Cedar Springs Ranch. I acknowledge the risks and potential for risks of horseback riding. However, I feel the possible benefits of 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 Cedar Springs Ranch, its Board of Elders, Instructors, Trainers, 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 programs at Cedar Springs Ranch. I acknowledge that we will abide by all rules, both written and verbal, as well as obey all posted signs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Client, Parent or Guardian)

### Rider's Authorization/Emergency Medical Treatment

In the event of an emergency that medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Cedar Springs Ranch to do the following: secure and retain medical treatment and transportation if needed and release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

### Emergency Contact Numbers

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Secondary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Medical Facility: \_\_\_\_\_ City: \_\_\_\_\_  
Health Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if emergency contacts are unable to be reached.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Consent Signature: \_\_\_\_\_  
(Client, Parent or Guardian)