

Equilibrium Therapeutic Riding

A) Registration

Client: _____ Date of Birth: _____

Age: _____ Height: _____ Weight: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Email address: _____

Phone: (Home) _____ Work: _____ Emergency: _____

Parents or Guardian: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone: _____

In case of emergency, contact: _____ Phone: _____

Or: _____ Phone: _____

Sask Health #: _____

B) Liability Release

_____ would like to participate in the *Equilibrium Therapeutic*
(Client's Name)

Riding program. I acknowledge the risks and potential for risk, 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 *Equilibrium Therapeutic Riding*, its owner, Instructors, Therapists, Aides and employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in *Equilibrium Therapeutic Riding*.

Date: _____ Signature: _____
(Rider over 18 yrs, parent or guardian)

Witness: _____

D)Photo Release

I hereby consent to and authorize the use and reproduction by *Equilibrium Therapeutic Riding* of any and all photographs and/or any other audiovisual materials taken of me/my son/my daughter/my ward, for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Date: _____ Signature: _____
(Rider over 18yrs, parent, guardian)

Please return to:

Erin McCormick
PO Box 517
Osler, SK
S0K 3A0