



Hilltop
Therapeutic Riding Program, Inc.

REGISTRATION AND RELEASE FORM

Participant's Name: _____ Date of Birth: ____/____/____ Age: _____
Weight: _____ Height: _____ Disability: _____
School or Institution Presently Attending: _____ Teacher's Name: _____
Primary Contact Name: _____
Check One: () Parent () Guardian () Executor () Residential Mgr. () Other: Specify _____
Mailing Address:
Street: _____ City: _____ State: _____ Zip: _____
Home Phone: () _____ Cell Phone: () _____ Email: _____
Business Name: _____ Address: _____ Bus. Phone: () _____

PHOTO RELEASE: _____ I hereby consent to and authorize
_____ I do not consent to, nor do I authorize
the use and reproduction of any and all photographs and other audiovisual materials taken of me/participant by Hilltop
Therapeutic Riding Program, Inc. for promotional printed material, educational activities, exhibitions, or for any other use
for the benefit of the program.

Date: _____ Signature: _____

LIABILITY RELEASE (Required): _____ (Name) would like to participate in the Hilltop
Therapeutic Riding Program, Inc. I acknowledge the risks and potential for risks of horseback riding and related equine
activities, including grievous bodily harm. However, I feel that the possible benefits to myself/my child/my ward are
greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and
administrators, waive and release forever all claims for damages against Hilltop Therapeutic Riding Program, Inc., its
Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses
I/my child/my ward may sustain while participating in the Program from whatever cause including but not limited to the
negligence of these released parties.

The undersigned acknowledges that he/she has read this Registration and Release Form in its entirety; that he/she
understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Date: _____ Signature: _____