

Red Horse Hugs Equine Assisted Therapy Registration Form

Please read and fill out completely, signing the bottom of the last page where indicated acknowledging that you have read, understand and agree to all terms contained herein.

Equine Assisted Therapy-Primary Diagnosis _____

Student Name _____ Age _____ Birthday _____

Address _____ Insurance Name _____

City, St Zip _____ Policy # _____

Hm Phone _____

Cell Phone _____ Preferred Day(s) M T W Th F Sat Sun

E-Mail _____ AM PM

Primary Contact Name _____

Mobile Phone _____ Email _____

Secondary Contact Name _____

Mobile Phone _____ Email _____

I agree to pay all charges as per the terms of my cardholder agreement. Initials _____

Safety Gear

I understand that a proper riding helmet and boots are necessary safety equipment for any equine activity and I take full responsibility for providing and for the wearing of such equipment while so engaged, if parent or legal guardian chooses not to provide their child with such safety equipment, by signing this release, parent/legal guardian gives consent and confirms that the use of such safety equipment is not necessary for your child and therefore you take full responsibility for this decision as the parent or legal guardian.