



PARTICIPANT RELEASE FORM

Registration Information

Name: _____ Date of Birth: _____
Street: _____ Phone: _____
City/State/Zip: _____
Parent or Legal Guardian, (Circle which): _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
In case of emergency, contact: _____ Phone: _____

Payment agreement: I agree to assume responsibility for payment of lessons

Signature, Relationship to Participant

Liability Release

_____ (Participant's Name) would like to participate in the ConnEQtions, Inc therapeutic horsemanship program. I acknowledge the risks and potential for risks while working with horses. 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 ConnEQtions, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or employees, as well as those from host site Oak Lane Equestrian, for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in ConnEQtions, Inc.

Date: _____ Signature: _____
Parent / Guardian / Correspondent / or Participant (if over 21
– no guardian)

Photo Release (optional)

I hereby consent to and authorize the use and reproduction by ConnEQtions, Inc., of any and all photographs and any other audio / visual materials taken of me/my son/my daughter/ my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Date: _____ Signature: _____
Parent / Guardian / Correspondent / or Participant (if over 21
– no guardian)