



STRIDES OF STRENGTH
THERAPEUTIC RIDING

Pony Tales Registration

Participant Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent Name: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Currently enrolled in _____ grade at _____ School

*Please attach a copy of your insurance card to this registration.

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

In the event emergency 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 Strides of Strength Therapeutic Riding to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Strides of Strength Therapeutic Riding, Inc.
2717 Gaston Farm Road
Chester, SC 29706
803-374-6255

Health and Healing Through Horses

We strive to provide a comprehensive therapeutic equine program utilizing horses to facilitate growth, learning, and healing. Our population includes children and adults with mental, physical, emotional, and functional disabilities.

PLEASE SIGN ONLY ONE CONSENT
CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date Participant, Parent or Legal Guardian _____

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

Date Participant, Parent or Legal Guardian _____

Health Information

Allergies _____

Any current health issues or concerns _____

Any behavioral or emotional issues _____

Medications (include prescription and over the counter, name, dose and frequency)

Consent and Waiver of Liability Release Form

Please read carefully before signing

A. I UNDERSTAND THAT Strides of Strength Therapeutic Riding (SOS) is in an outdoor location in nature with various hazards including, but not limited to: ditches, steep inclines, animals, insects, poison oak/ivy, snakes, etc., and that there are inherent risks always present in such a location. Knowing these risks, I will be responsible for myself, my children and our own safety.

B. I UNDERSTAND THAT horseback riding and horse activities are classified as a rugged recreational sport activity, and that there are numerous obvious and non-obvious inherent risks always present in such activity, despite all safety precautions. I further understand that no horse is completely predictable, and that even well trained horses can become frightened and spook, may divert from its training and act according to its natural survival instincts which may include, but are not limited to: sudden stopping, stopping short, changing directions or speed at will, shifting its weight, bucking, rearing, kicking, biting, or running from danger.

C. I UNDERSTAND THAT SOS is not responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. Some examples are: thunder, lightning, rain, wind, water, wild or domestic animals, insects, and reptiles.

D. I UNDERSTAND THAT participants must not carry loose items around horses which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. Some examples are cameras, hats not securely fastened under chin, toys. Riders should not make sharp, loud noises, such as screaming or yelling, which may scare a horse.

E. I AGREE THAT should emergency medical treatment be required, I and/or my own accidental/medical insurance company shall pay for all such incurred expenses.

F. I UNDERSTAND THAT all riders must wear protective headgear.

G. I acknowledge the risks and potential for risks of equine activities and horseback riding. I further understand that I must be careful while on the property of SOS. SOS cannot and does not assume any liability for accidents, injury, or death to person or persons. However, I feel that the possible benefits to myself/ my son or daughter/ my ward are greater than the risk assumed. I further have reviewed and understand the content of South Carolina's Liability Law which is posted at drive entrance, barn and bathroom area. Likewise, I accept full responsibility for friends and visitors accompanying myself on SOS property. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, do waive and release forever all claims for damages against SOS, Gaston Farms, its board of directors, instructors, volunteers, and/or employees for any and all injuries and/or losses I/ my son or daughter/ my ward may sustain while participating in activities at SOS.

H. In addition, I hereby give SOS permission to use photographs/videos of participant for the purpose of promoting SOS and its events.

I/WE, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE, AND ASSUMPTION OF RISK.

Date Participant, Parent or Legal Guardian

WARNING

Under South Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, Pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976