



PARTICIPANT REGISTRATION AND LIABILITY FORM 2025

Sonshine Equine is a non-profit 501(c)(3) Equine teaching facility located in Sussex County, Delaware. We are faith-based facility and believe that there is one God, existent in three persons: The Father, The Son and The Holy Spirit.

GENERAL INFORMATION

Name: _____ Date: _____

Date of Birth: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

Cell #: _____ Home #: _____ Email: _____

Employer/School: _____

Address: _____

Parent/Guardian/Caregiver Name: _____

Address *(if different from above)*: _____

Cell #: _____ Home #: _____ Email: _____

Emergency Contact Name/Relationship/Number: _____

How did you hear about the program? _____

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

Does the participant have any behavioral, emotional or physical needs? Please explain:

What support system does the participant have? Please explain:

Are there any relational dynamics that the session leaders should be aware of? _____

Advise for session leaders for handling triggers or emotional upset? _____

Please indicate current or past needs in the following area:

	<u>Yes</u>	<u>No</u>	Please explain
Vision			
Hearing			
Seizures			
Mobility needs			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

MEDICATIONS: (include prescription and over the counter, name, dose and frequency) _____

Desired goals for this participant: _____

Signature: _____ Date: _____

(Participant, Parent, Guardian or Caregiver)

PHOTO RELEASE

- I DO
- DO NOT

consent to and authorize the use and reproduction by Sonshine Equine of all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
(Participant, Parent, Guardian or Caregiver)

LIABILITY RELEASE

_____ *(Participant Name)* would like to participate in the Sonshine Equine. I acknowledge the risks and potential for risks of equine activities. 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 Sonshine Equine and its Board of Directors, Instructors, Aides, Volunteers and/or Employees and its owners for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in the Sonshine Equine program.

Date: _____ Consent Signature: _____
(Participant, Parent, Guardian or Caregiver)

Date: _____ Non-Consent Signature: _____

(Participant, Parent, Guardian or Caregiver)