



Sonshine Equine

HORSEMANSHIP AND THERAPEUTIC RIDING CENTER

www.sonshineequine.org

Participant's Registration and Release Form

Rider/Non-Rider Name (*Circle One*): _____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____

Home #: _____ Cell #: _____ Email: _____

Parent, Guardian or Caregiver Name: _____

Address (if different than above): _____

Home #: _____ Cell #: _____ Email: _____

Emergency Contact (Name/Relationship/#): _____

How did you hear about the program? _____

Have you been COVID tested? Yes No If positive, please provide copy of doctor's release form

Liability Release

_____ (*Participant Name*) would like to participate in the Sonshine Equine Horsemanship and Therapeutic Riding Center, Inc. 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 Horsemanship and Therapeutic Riding Center, Inc. and its Board of Directors, Instructors, Therapists, 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 Horsemanship and Therapeutic Riding Center program.

Date: _____ Consent Signature: _____

(Participant, Parent, Guardian or Caregiver)

Date: _____ Non-Consent Signature: _____

(Participant, Parent, Guardian or Caregiver)

Photo Release

I DO

DO NOT

consent to and authorize the use and reproduction by Sonshine Equine Horsemanship and Therapeutic Riding Center of any and 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)