



Welcome!

Hello future Wylde Horses family!

Our therapeutic riding and interaction therapy facility is dedicated to improving the relationships between humans and animals. We use this relationship as a tool to help improve certain physical and cognitive functions, quality of life, and the social well-being of the participant. This facility helps individuals with all types of challenges. We incorporate other therapeutic goals into our sessions to provide the most comprehensive care. We offer therapeutic riding sessions, unmounted therapeutic interactions, pony rides, and basic riding 101 lessons.

This facility was inspired by our children, Wylde and Ever. After being diagnosed with a rare disease that affects Wylde's day-to-day life, we explored all therapy options that would promote him to thrive. He is the reason we started this facility in hopes to help him, and others like him. His little brother Ever is a huge support in his development, which motivated us to make this an inclusive facility.

Please fill out the Participant Enrollment Packet and return to us via email or mail at your earliest convenience. Although there is a current waiting list, we will attempt to fit you in as soon as possible. Once all paperwork is completed and submitted, you will be contacted for further scheduling information.

We are very excited to meet you and get to know your family, as you are not part of ours!

Please submit paperwork to:

Rachael@wyldehorses.com

Sincerely,
The Wylde Horses Team



Contact Information

Participant: _____

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

Current Diagnosis: _____

Current Treatment/Services: _____

Participant is a (circle one): Minor Adult with legal guardian Independent adult

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent-Guardian/Primary Contact: _____

Phone: _____

Email Address: _____

Parent-Guardian/Secondary Contact: _____

Phone: _____

Email Address: _____

School or Educational Facility presently attending: _____

In case of emergency (other than parent or guardian listed above)

Contact #1: _____

Phone: _____

Contact #2: _____

Phone: _____

Is the participant a client of San Diego Regional Center? Yes No



Health History

Primary Diagnosis: _____

Secondary Diagnosis: _____

**Please note: Before riding, participants with a diagnosis of Down Syndrome will be required to provide a doctor's note verifying they are negative on neurological exam for any decrease in neurological function, or of any symptoms consistent with Atlantoaxial Instability.*

<u>Does the participant...</u>	<u>YES</u>	<u>NO</u>	<u>Comments</u>
Walk Independently?			
Have poor balance sitting/standing balance?			
Use wheelchair, walker, braces, orthotics?			
Any other medical equipment/devices?			
Have speech/language difficulties?			
Have problems with fine motor skills?			
Have problems with gross motor skills?			
Have asthma or breathing problems?			
Have any allergies? I.e. Hay, horses, peanut butter			
Have pain?			
Have emotional/behavior problems?			
Have heart/circulation issues?			
Have short/long term memory loss?			
Have any current or past seizure history?			
Have any hearing difficulties?			
Have any sensory issues?			
Have a fear of heights?			
Have a fear of animals/horses?			

**Please feel free to write on the back of this paper with any details on the above items. Or you can attach additional information to give more insight on the above conditions. Medical reports are also very helpful.*



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Seizure Information Form

Does the participant have seizures? Yes No
If yes, please fill out the following form.

What may cause the seizures?

On average, how often do they occur?

Are there any warning signs before a seizure starts?

What is the average duration of a seizure?

How does the participant feel and behave after a seizure? How long does this last?

How would you like us to handle the situation, should a seizure occur while riding?

Is there anything else that we need to know about the seizures?



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Questionnaire

Has the participant had any previous experience with therapeutic riding or horses? Yes No
If yes, please explain?

Goals: What are you hoping to accomplish by participating at Wylde Horses?

Comments: Please give any info that you feel will be helpful in lesson planning

Please check all that apply for participant:

- | | | |
|---------------------------------------------|---------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Depressed mood | <input type="checkbox"/> Sleep Difficulties | <input type="checkbox"/> Grief/Loss |
| <input type="checkbox"/> Anxious mood | <input type="checkbox"/> Irritable Mood | <input type="checkbox"/> Comfort Eating |
| <input type="checkbox"/> Excessive worrying | <input type="checkbox"/> Racing thoughts | <input type="checkbox"/> Poor concentration/focus |
| <input type="checkbox"/> Impulsivity | <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Relationship stress |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Excess energy | <input type="checkbox"/> Drug/Alcohol abuse |
| <input type="checkbox"/> Loss of interest | <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Difficulty with self-expression |



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Riders Authorization for Emergency Medical Treatment Form

In the event emergency treatment/medical aid is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Wylde Horses facility 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.

Client's Name: _____

Clients Phone #: _____

Clients Address: _____

Allergies: _____

In the event I cannot be reached:

Contact #1: _____

Phone Number: _____

Contact #2: _____

Phone Number: _____

Physicians Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____

Policy Number: _____

Please choose one of the following

Consent Plan

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

Date: _____ Consent Signature: _____

(Client, Parent, or Guardian)

Print Name: _____

Phone: _____

Address: _____

Non-Consent Plan

I do not give my consent of 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. In the event of emergency treatment/aid if required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature: _____

(Client, Parent, or Guardian)

Print Name: _____

Phone: _____

Address: _____



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Physicians's Referral Form

To be Signed and Dated by Current Doctor

Patient's Name: _____

Parent Name and Contact: _____

Patient's date of birth: _____ Height: _____ Weight: _____

Medical History

Diagnosis: _____ Date of onset: _____

Primary Disability: _____

Other Concerns: _____

Hospitalizations: _____

Shunts/Assistive Devices: _____

Seizures/Allergies: _____

Present Medications: _____

Physical Evaluation

Skin/Circulation: _____ Neuro/Sensation: _____

Heart/Lungs: _____ Balance/Coordination: _____

Bowel/Bladder: _____ Allergies: _____

Vision: _____ Hearing: _____

Speech: _____ Spasticity/Rigidity: _____

FOR PARTICIPANTS WITH DOWN SYNDROME

Neurological exam for Atlantoaxial Instability: _____ Present _____ Not Present

Other precautions/contraindications to therapeutic horseback riding: _____

In my professional opinion, this patient can receive therapeutic horseback riding instruction under appropriate supervision at Wylde Horses facility.

Physician's Signature

Date

Physician's Name: _____

Physician's Office Address: _____

Physician's Phone Number: _____

Patient/Parent/Guardian Signature

Date



Therapeutic Riding Program

Physical/Occupational Therapist Assessment

Please give this form to the PT/OT that the rider is working with on a regular basis. This information is helpful for our instructors.

Client: _____

Name of PT/OT: _____

PT/OT Contact Information: _____

Please answer the following in terms of goals/objectives etc. that you are striving to achieve with the student.

Short Term Goals:

Long Term Goals:

Other Objectives:

Degree of Coordination:

Area of Strength:

Any Precautions:



Therapeutic Riding Program Speech Therapist Assessment

Please give this form to the Speech Therapist that the rider is working with on a regular basis. This information is helpful for our instructors.

Client: _____

Name of Speech Therapist: _____

Speech Therapist Contact Information: _____

Please answer the following in terms of goals/objectives etc. that you are striving to achieve with the student.

Short Term Goals:

Long Term Goals:

Other Objectives:

Degree of Coordination:

Area of Strength:

Any Precautions:



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Please give this form to the Educator and/or Mental Health Provider that the rider is working with on a regular basis. This information is required for our program and will remain confidential between our program staff and mental health specialist.

Client: _____

Name of Provider: _____

Providers Contact Information: _____

Please answer the following in terms of goals/objectives etc. that you are striving to achieve with the student.

Short Term Goals:

Long Term Goals:

Other Objectives:

Degree of Coordination:

Area of Strength:

Any Precautions:



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Student Availability

There may be a waiting list for certain session times.

Please (X) the boxes of times you are available.
Greater availability increases your opportunity to be scheduled.

Day	AM		PM	
Monday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00			

Day	AM		PM	
Friday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00			

Day	AM		PM	
Tuesday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00			

Day	AM		PM	
Saturday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00			

Day	AM		PM	
Wednesday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00			

Comments:

Day	AM		PM	
Thursday	8:00		1:00	
	9:00		2:00	
	10:00		3:00	
	11:00		4:00	
	12:00			

Please note

Hours of sessions are adjusted with the seasons and time changes. Depending on the months, sessions can be extended into the evenings.



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RELEASE OF LIABILITY AGREEMENT

Name of Participant: _____ Name of Guardian: _____

Address: _____

Telephone Number: _____

1. Wylde Horses LLC is professionally organized and thoughtfully supervised. All staff, volunteers, and horses have been carefully selected. Safety equipment is used for all riders because horseback riding and interactions is a risk. Specific risks carry from one activity to another, and the risks range from minor injuries to major injuries, including catastrophic injuries or death. I acknowledge, understand, and voluntarily assume and accept any and all risks of this program and facility.
2. No participant can be accepting into Wylde Horses program until a parent or guardian has signed this form or if the participant is of legal age, he/she may sign. All participants agree to abide by all rules and regulations of the facility. Therapeutic riding and interactions will be under strict supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by the business or any persons connected with the business on or off the facility.
3. The undersigned as self or parent/guardian of said minor _____, hereby agrees to hold harmless and indemnify Wylde Horses LLC, its officers, trustees, agents, employees, volunteers, representatives, and successors from all liability, causes of action, loss, costs, fees, any and all claims, demands, and damages of any kind and nature whatsoever including attorney's fees, which the undersigned may not or in the future have against said facility.
4. I agree to follow these guidelines and hold completely harmless Wylde Horses LLC, its officers, directors, trustees, agents, employees, volunteers, representatives, successors, assigns, subsidiaries, and affiliates with or through any services acquired from Wylde Horses LLC and AGREES NOT TO SUE them in connection with any liability, causes of action, loss, costs, fees, any and all claims, demands and damages of any kind and nature whatsoever.
5. This agreement is non-assignable and non-transferable and is made and entered into the State of California and shall be enforced and interpreted under the laws of this state. Should any clause be in conflict with State Law, then the clause is void.

Print: _____

Signed: _____

Date: _____



Wylde Horses Program Policies

These policies are in place to ensure the safety of program participants, volunteers, equines, staff, and visitors. In addition to the policies listed below, the facility has a **STRICT 5MPH** speed limit near and on the property. Repeated violations of the speed limit will result in exclusion from the facility.

Please read these policies carefully, initial at the end of each section, and sign on the last paper.

Participant Fees and Payments

- A credit card will be held on file for each participant. Services will be billed at the end of each month.
- A \$40 evaluation session will be held for every individual considering mounted riding lessons
- No sessions will be held until credit card is on file.

Enrollment and Attendance

- The facility requires a completed enrollment application to determine suitability of the participant for these activities and for horse selection
- The facility requires a 2 week notice to be removed from the schedule without a cancellation fee. If a 2-week notice is not provided there will be a \$100 fee.
- If a client misses 3 consecutive lessons with no notice they will be removed from the schedule and no refund will be available.
- If the client must take medical leave, the facility requires written release from the physician before the client can return.
- Parents/guardians must remain in the observation area during the scheduled session. This includes siblings, guests, or other family members attending the session.

Missed Lesson Policy

- If you are more than 15 minutes late, sessions will be cancelled.
- The facility requires a 24-hour notice for cancellations for the purpose of staff and volunteer scheduling.
- There are no refunds given for any cancelled sessions. We may be able to reschedule your session for a different day/time. The facility runs at full capacity with limited resources. However, make up sessions are not guaranteed.
- In case of inclement weather conditions (rain, high wind, heat, etc.) and mounted lessons cannot safely be performed, a horsemanship lesson will replace the mounted lesson. These lessons focus on the bond with the horse and cover topics including but not limited to grooming, handling, feeding, body parts, tack parks, medical treatments, and helpful exercises. If a client chooses not to attend a horsemanship lesson, no make-up, refund, or credit will be provided.

Participant and Guest Attire

- For everyone's safety, all visitors and participants must wear closed toed shoes. Visitors in open toed shoes may go straight to the observation area but may not approach any equine.
- Boots with a hard sole and a ¼ inch heel are recommended for all participants but are not required. Program staff determines the appropriateness of all footwear.
- Participants must wear long pants.
- Helmets are required by all participants riding or near equine. This included barn activities we well as riding. Helmets can be supplied by the facility. Please note, Wylde Horses engages in regular cleaning/sanitation of helmets and tack. However, we **strongly** suggest participants invest in their own ASTM/SEI approved helmet to reduce the number of transferrable viruses/bacteria.

Activity and Workload Limits

- Activities and workload limits are individually set by the program staff for each horse in the program.
- Horse selection is determined by many factors. At the sole determination of program staff, the most appropriate horse (s) will be matched with a participant.
- Weight and workload limits are individually set for equine in the program. Workload factors include, but are not limited to, weight, balance, and level of independence of the rider and the length of the lesson. No equine in the program has a weight limit higher then **200 LBS.**

Participant Dismissal

- As detailed above, each horse in the program has an individually set weight and workload limit. For the safety of the instructors, volunteers, students, and horses, riders whom staff are unable to match with an appropriate equine are not able to participate in mounted lessons. However, horsemanship/therapeutic interactions may be provided for such individuals is appropriate.
- The facility has a **strict** "no aggression" policy for the safety of the instructors, volunteers, participants, and horses. In case of aggression and/or violence, the participant may be dismissed at the first incident. However, at the discretion of the program staff, two warnings may be given depending on the severity of the incident. At the third incident, the participant will be dismissed from the facility.
- A participant **will** be dismissed from the facility if it is determined that the risk for injury to the participants exceeds the potential for benefits.
- Violation of any of these policies by the participant or by the participants family member(s), guest(s), or visitor(s) **will** result in the dismissal of the participant from the facility.
- For the safety of the instructors, volunteers, students, and horses, participants must follow all facility guidelines, safety precautions and the directions of the grounds.
- In summary, reasons for dismissal include, without limitation, the following: recommendation from consulting medical provider or therapist, incidence of aggression and or/violence, behavior that endangers self or others, disregard for the facility policies, disrespect to others, or inability to provide a horse appropriate for a participant.

Photo Release

- I give Wylde Horses LLC permission to take and have taken still or moving photographs of themselves, family, or guests at the facility. The undersigned also authorizes Wylde Horses to use such photographs in its advertising, news media, brochures, and material

By signing below, I acknowledge that I have read and understand the above policies

Print Name

Signature

Date

Participant Name(If different from signer)

Relationship to Participant (If signed by someone other than participant)

**EQUINE RIDING and / or DRIVING and / or TRAINING INSTRUCTION AGREEMENT,
LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT [FOR INDIVIDUALS]**

STABLE NAME, hereinafter known as "THIS STABLE."

Location or Address of THIS STABLE

READ CAREFULLY AND COMPLETE ALL SECTIONS BEFORE SIGNING.

A. **REGISTRATION OF STUDENT AND AGREEMENT PURPOSE** I, the following listed individual, and the parents or legal guardians thereof if a minor, do hereby voluntarily agree to participate in equine related instruction as a student of THIS STABLE, and that I will either utilize my own horse or school horses provided by THIS STABLE for instruction purposes.

STUDENT NAME (PLEASE PRINT NAME)	AGE (If under 18)	WEIGHT Over 240#?	HORSE HANDLING / RIDING EXPERIENCE (Check one that applies)
1. _____	2. Age _____ 3. Date of Birth _____	4. <input type="checkbox"/> YES <input type="checkbox"/> NO	5. <input type="checkbox"/> BEGINNER (under 10 hours) <input type="checkbox"/> OVER 10 HOURS
6. Does this student have any physical or mental condition(s), which may affect his / her safety and ability to ride, drive and / or train a horse? Yes No (Circle One)			
7. If you circled "YES," how can we help this student with his / her special needs?			
8. MEDICAL INSURANCE I / WE AGREE THAT: Should medical treatment be required, I and / or my medical insurance company shall pay for ALL such incurred expenses. → My medical insurance company is _____ My policy number is _____ <input type="checkbox"/> I do not carry medical insurance.			

B. **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS** This agreement shall be legally binding upon me the registered student, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. This agreement is intended to be valid and binding at all times now and in the future when THIS STABLE permits me (directly or indirectly) to enter THIS STABLE'S property, be on THIS STABLE'S property, be near any horse, receive riding and / or driving and / or training instruction or guidance from its associates and / or when I ride and / or drive and / or train and / or am near horses on or off of THIS STABLE'S property. Any disputes by the rider shall be litigated in, and venue shall be the county in which THIS STABLE is physically located. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The terms "HORSE" and "EQUINE" herein shall refer to all equine species. The terms "I", "WE", "ME", "MY" shall herein refer to the above registered student and the parents or legal guardians thereof if a minor.

C. **INHERENT RISKS / ASSUMPTION OF RISKS** I / WE ACKNOWLEDGE THAT: Risks, conditions, and dangers are inherent in (meaning an integral part of) horse / equine / animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: The propensity of an animal to behave in ways that may result in injury, harm, death, or loss to persons on or around the animal; The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; Hazards, including, but not limited to, surface or subsurface conditions; A collision, encounter and / or confrontation with another equine, another animal, a person, or an object; The potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and / or failing to act within the ability of the participant. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in harm to the rider. Horseback riding, driving and training are activities in which one much smaller, weaker predator animal (the human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal that has a mind of its own (the horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Spinning around; Changing directions and / or speed at will; Shifting its weight; Bucking; Rearing; Kicking; Biting; and / or Running from danger. I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS STABLE to list all possible risks for me.

D. **CONDITIONS OF NATURE WARNING, UNFAMILIAR AND SUDDEN SIGHTS, SOUNDS AND MOVEMENTS WARNING, AND INSPECTION OF PREMISES** I / WE ACKNOWLEDGE THAT: THIS STABLE is NOT responsible for total or partial acts, occurrences, or elements of nature and / or sudden and / or unfamiliar sights, sounds and / or sudden movements that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightning, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. I also understand that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on THIS STABLE to list all possible conditions for me. The student and parent or legal guardian have inspected THIS STABLE'S facilities and are satisfied that all premise conditions are reasonably safe for this student's intended purpose, usage and presence upon THIS STABLE'S premises.

E. **SADDLE GIRTHS / NATURAL LOOSENING WARNING** I / WE ACKNOWLEDGE THAT: Saddle girths (fastener straps around horse's belly) may loosen during riding. Students must alert the instructor or attendant of any girth looseness so action can be taken to avoid slippage of saddle and the potential for the rider to fall from the horse.

F. **PROTECTIVE HEADGEAR / HELMET WARNING** I / WE AGREE THAT: I for myself and on behalf of my child and / or legal ward have been fully warned and advised by THIS STABLE that protective headgear / helmet, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be worn while riding and / or driving and / or training and / or being near horses, and I understand that the wearing of such headgear / helmet at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. I am not relying on THIS STABLE and / or its associates to provide a certified helmet for me or to check any headgear / helmet or headgear / helmet strap that I may wear, or to monitor my compliance with this suggestion at any time now or in the future.

G. **LIABILITY RELEASE** I / WE AGREE THAT: In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the STUDENT, for myself and on behalf of my child and / or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge THIS STABLE, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insurers, and others acting on their behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE'S and / or ITS ASSOCIATE'S ordinary negligence or legal liability; and I do further agree that except in the event of THIS STABLE'S gross negligence and / or willful and / or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against THIS STABLE and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury and / or death and / or property damage, sustained by me and / or my minor child or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, driving, training, handling, or otherwise being near horses owned by me or owned by THIS STABLE, or in the care, custody or control of THIS STABLE, whether on or off the premises of THIS STABLE, but not limited to being on THIS STABLE'S premises.

H. **EQUINE ACTIVITY LIABILITY ACT (EALA) WARNING OR LANGUAGE:** [This clause applies only for operations located in these states: AL, AZ, CO, DE, FL, GA, IL, IA, IN, KY, KS, LA, ME, MA, MI, MS, MO, NE, NC, OH, OK, OR, PA, RI, SC, SD, TX, TN, UT, VA, VT, WV, and WI.] I / WE acknowledge that I have reviewed this state's EQUINE ACTIVITY LIABILITY ACT WARNING OR LANGUAGE, a copy of which is attached hereto and incorporated as if fully set forth herein. **INSTRUCTION TO SIGNERS: DO NOT SIGN UNLESS A COPY OF THE EALA WARNING OR LANGUAGE IS ATTACHED TO THIS AGREEMENT.**

All Students and Parents or Legal Guardians must sign below after reading this entire document.

SIGNER STATEMENT OF AWARENESS

I / WE, THE UNDERSIGNED, REPRESENT THAT I / WE HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT, I / WE UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE. I / WE ATTEST THAT ALL FACTS ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS.

SIGNATURE OF STUDENT (Spouses must sign for themselves.)

DATE

SIGNATURE OF PARENT, GUARDIAN AND / OR SPOUSE # 1

DATE

SIGNATURE OF PARENT, GUARDIAN AND / OR SPOUSE # 2

DATE

Address In Full _____

Home Phone # _____

Bus. Phone # _____

PERSON TO CONTACT IN CASE OF EMERGENCY

RELATIONSHIP TO STUDENT

() _____

PHONE NUMBER



Credit Card Authorization Form

Customer Information

Customer Name: _____

Customer Phone Number: _____

Payment Information

I authorize Wylde Horses LLC to charge the card listed below as follows:

Amount: _____ Monthly _____ Quarterly _____ Annually

Start billing on: _____

Credit Card Information

Credit Card Type _____ Mastercard _____ Amex _____ Discover _____ Other

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Cardholders Name (as shown on credit card): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

I authorize Wylde Horses LLC to store my card information on file:

Cardholders Signature

Date

