Reins From Above Therapeutic Riding Center, Inc.

86 Polenta Road
Smithfield, NC 27577
Phone: 919-938-1556
Website: www.reinsfromabove.org

***** Please note that horseback riding is contraindicated for some conditions/individuals, and Reins From Above Therapeutic Riding Center, Inc. reserves the right to consider each application and deny services to individuals based upon concerns for the applicant's safety and/or the safety of the horses, volunteers, staff, or property owners, or for other reasons. Please refer to Reins From Above Therapeutic Riding Center, Inc.'s Policies and Barn Rules for guidelines. *****

PARTICIPANT REGISTRATION AND RELEASE FORM

Date: _____

Client Name: _____ Date of Birth: _____ Age:_____

Street/P.O. Box: _____ City_____ State_____ Zip_____

Home Phone: _____Work Phone_____ Cell Phone_____

Email Address: _____ Social Security Number: _____

Parents or Guardian(s):_____

Address_____Phone:_____

Adult Caretaker, if any: _____Phone_____

School or institution presently attending: _____

In case of emergency contact: _____Phone:_____

Or contact: _____ Phone:_____

PHOTO/VIDEO/MEDIA RELEASE

I consent to and authorize the use and reproduction by ***Reins From Above Therapeutic Riding Center, Inc.*** of any and all photographs and any other audiovisual, videotape, or digital media materials taken of me/my child/my ward for promotional printed material, internet website, educational activities, exhibitions or for any other use for the benefit of ***Reins From Above Therapeutic Riding Center, Inc.*** or the North American Riding for the Handicapped Association (NARHA).

Date:_____ Signature of Participant:_____

Print Name of Participant:_____

Parents or guardians with legal custody must sign IF participant is under eighteen (18) years of age or otherwise under a legal disability.

Date_____ Signature of Parent/Guardian_____

Print Name_____

PATH INTERNATIONAL
Professional Association of Therapeutic Horsemanship International
MEMBER

Date_____ Signature of Parent/Guardian_____

Print Name_____

PATH INTERNATIONAL

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— MEMBER —