

## North Carolina Horse Show Adaptive Riding Division Registration/Release Form

Client \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency \_\_\_\_\_

Parents or Guardian \_\_\_\_\_

Address/Phone \_\_\_\_\_

School or institution presently attending \_\_\_\_\_

In case of emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

or contact \_\_\_\_\_ Phone \_\_\_\_\_

### LIABILITY RELEASE

\_\_\_\_\_ (client's name) would like to participate in the \_\_\_\_\_ program. I acknowledge the risks and potential for risks of horseback riding. 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 \_\_\_\_\_ (program name), its Board of Directors, instructors, therapists, aides, volunteers, and/or employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in \_\_\_\_\_ (program name).

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Client, Parent, or Guardian)

### PHOTO RELEASE: OPTIONAL

I hereby consent to and authorize the use and reproduction by \_\_\_\_\_ (program name) of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Date \_\_\_\_\_ Signature \_\_\_\_\_

*This form is to be used by participants in the adaptive riding division only. Information contained herein will be maintained in confidence and is required for the safety and continued development of the adaptive riding programs.*