



PARTICIPANT REGISTRATION AND RELEASE FORM

Participant Name _____ **Date of Birth** _____ **Age** _____
Address _____ **City** _____ **Zip** _____
Home Phone _____ **Work (or) Cell Phone** _____
Name of school _____ **City** _____

Parent(s) or Guardian _____
Address _____ **City** _____ **Zip** _____
 (if different than above)
Home Phone _____ **Work (or) Cell Phone** _____
In Case of Emergency, Contact _____ **Phone** _____
 (or), **Contact** _____ **Phone** _____

LIABILITY RELEASE

I, _____ would like to participate in JAF's Therapy In Motion, Inc.'s 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 JAF's Therapy In Motion, Inc., 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 JAF's Therapy In Motion, Inc.'s program.

Participant Signature _____ **Date** _____
 (parent or legal guardian if a minor)
Parent Signature _____ **Date** _____
Parent Signature _____ **Date** _____
Guardian Signature _____ **Date** _____

PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by JAF's Therapy In Motion, Inc. of any photographs and any audiovisual materials taken of me/my son/my daughter/my ward for promotional material, educational activities or for any other use for the benefit of the program.

Participant Signature _____ **Date** _____
Parent Signature _____ **Date** _____

