



Rider's Registration and Release Form

**Client:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Texas Zip Code** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell for Texting** \_\_\_\_\_  
**Parent/Guardian:** \_\_\_\_\_  
**e-mail address:** \_\_\_\_\_

**Liability Release**

\_\_\_\_\_ (Client's name) would like to participate in the Equine Sense program. I acknowledge the risks and potential for risks of horseback riding and other horse interaction experiences. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I further understand that in accordance with TX Code Title 4, Liability in TORT Chapter 87, the equine activity sponsors and equine professionals are protected from legally bound, for myself, my heirs and assigns, executors or administrators waive and release forever all claims for damages Equine Sense in Officers, Administration, Instructors, Therapists, Aides, Volunteer and/or Employees for any and all injuries and/or losses I/my son/my daughter/ my ward may sustain while participating in the Equine Sense program.

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

**Photo Release**

I hereby consent to and authorize the use and reproduction by Equine Sense of any and all photographs and any other audiovisual materials taken of myself/my daughter/my son/my ward for promotional printed material, educational activities of for any other use for the benefit of the program.

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

**Media Release**

I understand that Equine Sense, occasionally issues press release, printed educational materials, internet sites and other media releases in support of Equine Interactive Counseling, and the Galloping Thru Life equine experiential education program as well as Equine Sense regular activities. I hereby consent to and authorize the use and reproduction of program information and myself/ my son/ my daughter/ my ward including the use of my/their name in these media releases.

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

\*please note the back if there are any health issues we need to know about, for your child's safety