



SHERLOCK FARMS

*Where Horses Give Us Wings*

**Client Information**

*(Must be completed by a parent/guardian if client is under 18 or unable to sign legal documents)*

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name(s) (if applicable): \_\_\_\_\_

Phone (if different than above): \_\_\_\_\_

Caregiver(s) (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_

Client school/employer: \_\_\_\_\_

Address: \_\_\_\_\_

Referred by: \_\_\_\_\_

T-shirt Size: Child: XS S M L Adult: XS S M L XL XXL

**MEDIA RELEASE**

\_\_\_\_ I DO \_\_\_\_ I DO NOT consent to and authorize the use and reproduction by Sherlock Farms Therapeutic Riding of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of SFTR

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date