

DUSTY DREAMS

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RIDER'S REGISTRATION AND RELEASE FORM

PARTICIPANT'S NAME: _____ DATE OF BIRTH / /
MM / DD / YYYY

E-MAIL: _____ PHONE #1: _____ PHONE #2: _____

ADDRESS: _____
Street City State Zip Code

COUNTY: _____ SCHOOL: _____ GRADE: _____

NAME OF PARENT(S) OR GUARDIAN: _____

ADDRESS (If different than participant's): _____
Street City State Zip Code

E-MAIL: _____ PHONE #1: _____ PHONE #2: _____

WARNING

UNDER INDIANA LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

LIABILITY RELEASE

I, _____ or _____
(Participant's Name if eighteen years of age or older **OR** Parent or Legal Guardian if participant is under the age of eighteen)

would like to participate in the horseback riding programs at Dusty Dreams. I acknowledge the 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 Dusty Dreams, its 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 activities at Dusty Dreams.

PHOTO RELEASE (Optional)

I hereby consent to and authorize the use and reproduction by Dusty Dreams. 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, or for any other use for the benefit of the Dusty Dreams programs.

DATE: / / SIGNATURE: _____
MM / DD / YYYY (Participant's signature if eighteen years of age or older **OR** Parent or Legal Guardian if participant is under the age of eighteen)