



**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** \_\_\_\_\_