

Rainhorse

Equine Assisted Services
P.O. Box 55, Hyattville, WY 82428
(307) 250-2711 www.rainhorse.org



Participant Registration

Participant _____ Birth Date _____ Age _____

Parent(s) or Guardian _____

Home Phone _____ Work Phone _____

Address _____

In case of emergency, please provide two contact names and numbers:

Phone _____ Name _____

Phone _____ Name _____

Liability Release

(name of participant) _____

would like to participate in the Rainhorse Program. I acknowledge the risks and potential for risks of working with horses from the ground and/or horseback riding. However, I feel that the potential benefits to me/my daughter/my son/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 Rainhorse, its Instructors, Therapists, Aides, Volunteers and/or employees for any and all injuries and/or losses my daughter/my son/my ward may sustain while participating in the Rainhorse program.

Signature _____ Date _____

Photo Release- please CIRCLE your preference and sign.

I **DO** or **DO NOT** consent to and authorize the use and reproduction by Rainhorse 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 the program.

Signature: _____ Date: _____

(Participant, Parent or Legal Guardian)

Would you like to receive news and information about Rainhorse programs? If yes, please provide your email address here: _____

