



Horse Heritage Educational Program Adult Registration

GENERAL INFORMATION

Name	DOB	Age
Parent or Guardian (if under 18):		
Address	Phone	
City, State, Zip	Alternate Phone	
Employer / School	Email	
How did you hear about Horse Heritage?		Gender

HEALTH HISTORY

<input type="checkbox"/> Yes Do you have any physical complaints or illness at this time?
<input type="checkbox"/> Yes Are you under the care of a physician or practitioner of any sort?
<input type="checkbox"/> Yes Are you taking any type of medication? Type and dosage
<input type="checkbox"/> Yes Are you on a special diet?
<input type="checkbox"/> Yes Do you have Diabetes? Type and dosage of insulin
<input type="checkbox"/> Yes Do you have Asthma? Type and dosage of inhaler
<input type="checkbox"/> Yes Do you have allergies? Please list:
<input type="checkbox"/> Yes Are you current on tetanus? Last shot month and year:
<input type="checkbox"/> Other conditions or comments:

EMERGENCY MEDICAL TREATMENT

Emergency Contact:	Relationship:	Phone:
Emergency Contact:	Relationship:	Phone:
Medical conditions requiring special consideration/treatment:		
Allergies:		
Current medications & dosage:		



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Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering, or while being on the property of the agency, I authorize Horse Heritage Educational Program to:

1. Secure and retain medical treatment and transportation if needed.
2. Release volunteer records upon request to the authorized individual or agency involved in medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Participant Signature: _____

PHOTO RELEASE

I consent to and authorize the use and reproduction by Horse Heritage Educational Program 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 of Participant	Date:
Signature of Parent	Date:

WAIVER OF LIABILITY

During the time you are participating in programs using Horse Heritage Educational Program's horses and facilities, you will be expected to participate in many activities associated with horsemanship. Precaution and your safety is of the utmost importance. Horse Heritage Educational Program, however, requests your signature in agreement with the following statement.

- *I, the undersigned, in full recognition of the possible dangers and hazards inherent in any activity involving horses, do hereby agree to assume all the risks and responsibilities surrounding my participation in programs using Horse Heritage Educational Program horses and horse facilities; and further hereby defend, hold harmless, indemnify and release and forever discharge Horse Heritage Educational Program, and its staff members, from and against any and all claims, demands and actions on account of damage to personal property, injury, or death, which may result from my child's participation in programs utilizing Horse Heritage Educational Program's horses and horse facilities, which result from causes beyond the control of and without the fault or negligence of Horse Heritage Educational Program, or its employees/volunteers, during the period of my participation in the aforementioned program.*
- All participants are strongly encouraged to wear approved equestrian helmets. If you do not have an ASTM/SEI approved helmet, Horse Heritage Educational Program will provide one to you for the program activities.
- **Under Washington law, an equine activity sponsor or and equine professional shall not be liable for an injury to or death of a participant engaged in an equine activity. RCWA 4.24.530**

Participant Signature:	Date:
Printed Name of Participant:	