



1003 W. Carson St. Long Beach, CA. 90810 Tel No (310) 350-1311 Fax: (310) 823-7878

### Participant's Application

#### General Information

Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Tel Home: \_\_\_\_\_ work/cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer/ School: \_\_\_\_\_

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

Name of Parent/Guardian: \_\_\_\_\_

Tel Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Referral Source: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Riding Experience Never \_\_\_\_\_ Some \_\_\_\_\_ More than 10 times \_\_\_\_\_

Have you taken previous riding lessons? \_\_\_\_\_

If so, how many? \_\_\_\_\_ How long ago? \_\_\_\_\_

Please list any issues regarding, health, medical, allergies or medication that we should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Photo Release

I DO

I DO NOT

consent to and authorize the use and reproduction by Dream Catcher of L.A. Therapeutic Riding Centers of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client, Parent, or Legal Guardian



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### **RELEASE AND WAIVER**

FOR AND IN CONSIDERATION of Dream Catcher of L.A. Therapeutic Riding Centers. furnishing horses, equipment and instruction (herein referred to as “the activity”) and permitting \_\_\_\_\_ (name of participant) (herein referred to as “Participant”) to participate in the activity at 1003 W. Carson Street Long Beach, California 90810, the undersigned individual, being of lawful age, or if the Participant is not of legal age, then Participant and Participant’s parent or legal guardian, Participant’s heirs, administrators, executors, successors and assigns, waive all discharge and hold harmless all participants, volunteers or instructors involved in the activity, and their respective directors, officers, shareholders, partners, owners, agents, employees, assured, and all other persons, firms, corporations, associations or partnerships associated herewith and their heirs, executors, administrators, successors and assigns, and each of them (collective “Releasees”) from all claims, demands, actions or causes of action arising out of any losses or injuries to his/her person or property, or both, which may result, be sustained, or be received by him/her as a result of Participant attending and participating in the activity. Participant and, if applicable, Participant’s parent or legal guardian, understand that by signing this Release and Waiver, Participant and, if applicable, Participant’s parent or legal guardian covenant and agree that Participant, as well as assigns, will never institute any suit or action at law, or otherwise, against the Releases, any other Participants, volunteers or instructors involved in the activity, or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, costs, loss of services, expenses or compensation for or on account of any damages, loss or injury either to Participant’s person or property, or both, which may result from the Participant’s attendance and participation in the activity, or travel or other activity associated herewith. Participant and, if applicable, Participant’s parent or legal guardian, acknowledge that by attending the above mention activity, Participant and, if applicable, Participant’s parent or legal guardian, voluntarily assume(s) all risks and danger known or unknown, foreseen or unforeseen, attendant to Participant’s attendance and participation in the activity. The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned to execute this Release and Waiver, and this Release and Waiver contains the entire agreement between the parties to this Release and Waiver.

The undersigned has/have read and fully understand(s) the foregoing Release and Waiver.

\_\_\_\_\_  
Signature of Participant (if an adult)

\_\_\_\_\_  
Signature of Parent or Legal Guardian if Participant is a minor

\_\_\_\_\_  
Date

