

CAN-TR at Laurel Ridge and Possum Trail Farms Rider's Registration and Release Form

Name: _____ DOB: _____ Phone: _____

Address: _____

Home Phone: _____ Emergency: _____

Parents or Guardian: _____ email: _____

Address/Phone: _____

School or Institution presently attending: _____

Other therapeutic riding programs attended or investigated: _____

How familiar are you with horses? _____

Liability Release

_____ would like to participate in the CAN-TR program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/my child/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 CAN-TR its Board of Directors, members, member farms, Instructors, Therapists, Aides, Volunteers and Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in Heads Up!

Date: _____ Consent Signature: _____
Client, Parent or Legal Guardian

Photo Release

I hereby consent to and authorize the use and reproduction by CAN-TR of any and all photographs and any other audiovisual materials taken of me/ my child/ my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Date: _____ Consent Signature: _____
Client, Parent or Legal Guardian

I do not consent to use my image for any materials.

Date: _____ Consent Signature: _____
Client, Parent or Legal Guardian

"WARNING"

Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.

- Chapter 99E of the North Carolina General statutes.