

Hoofbeats Therapeutic Riding Center, Inc.

At the Virginia Horse Center
P.O. Box 979, Lexington, VA 24450
Ph: 540 464-3337 e-mail: hoofbeats@rockbridge.net
Website: www.hoof-beats.com

Professional Association of Therapeutic Horsemanship International
A Premier Accredited Member Operating Center

**** Please note that horseback riding is contraindicated for some conditions/individuals, and Hoofbeats reserves the right to consider each application and deny services to individuals based upon concerns for the applicant's safety and/or the safety of the horses, volunteers, staff, or property owners, or for other reasons. Please refer to Hoofbeats' Policies and Barn Rules for guidelines. ****

PARTICIPANT REGISTRATION AND RELEASE FORM

Client Name: _____ Date of Birth: _____ Age: _____

Street/P.O. Box: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone _____ Cell Phone _____

E-mail: _____

Parents or Guardian(s): _____

Address _____ Phone: _____

Adult Caretaker, if any: _____ Phone: _____

School or institution presently attending: _____

In case of emergency contact: _____ Phone: _____

Or contact: _____ Phone: _____

PHOTO/VIDEO/MEDIA RELEASE

I consent to and authorize the use and reproduction by Hoofbeats Therapeutic Riding Center, Inc. of any and all photographs and any other audiovisual, videotape, or digital media materials taken of me/my child/my ward for promotional printed material, internet website, educational activities, exhibitions or for any other use for the benefit of Hoofbeats Therapeutic Riding Center, Inc., the Therapeutic Riding Association of Virginia (TRAV), or the Professional Association of Therapeutic Horsemanship International (PATH).

Date: _____ Signature of Participant: _____

Print Name of Participant: _____

Parents or guardians with legal custody must sign IF participant is under eighteen (18) years of age or otherwise under a legal disability.

Date _____ Signature of Parent/Guardian _____

Print Name _____

Date _____ Signature of Parent/Guardian _____

Print Name _____