



# Talbot Special Riders, Inc.

Therapeutic Horseback Riding

P.O. Box 391

Easton, MD 21601

## RIDER'S REGISTRATION AND RELEASE FORM

### Registration

Client:

Date of Birth:

Address:

Phone:

Parent or Guardian/Caregiver:

Address:

Phone – Home:

Work:

School or institution presently attending:

Phone:

In case of emergency contact:

Name:

Phone:

Name:

Phone:

### LIABILITY RELEASE

\_\_\_\_\_ (Client's Name) would like to participate in the Talbot Special Riders, Inc. program.. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/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 Talbot Special Riders, Inc. it's Board of Directors, Instructors, Therapists, Aides, Volunteers and/or employees for any and all injuries and/or losses l/my son/my daughter/my ward may sustain while participating in the Talbot Special Riders, Inc. program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Client, Parent or Guardian/Caregiver