

# FREDERICTON THERAPEUTIC RIDING ASSOCIATION

## REGISTRATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (email)

DATE OF BIRTH: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_  
(M/D/Y)

DISABILITY: \_\_\_\_\_

Home Circumstances:      Family ( )      Own ( )      Institution ( )      Other ( )

No student can be accepted for riding instructions until this form has been completed by the Parent(s) and/or guardian. If the student is of legal age (18), he or she may complete the form, if he or she is legally competent to do so. Riding instruction will be under strict supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned including *Fredericton Therapeutic Riding Association*.

PHYSICIAN'S NAME: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

I would like \_\_\_\_\_ to have riding instruction and I have discussed this with the student's doctor. I understand that NO LIABILITY can be accepted by any organizations concerned with instruction, including *Fredericton Therapeutic Riding Association* in any event of any accident occurring.

I have read, understood and accepted Appendix A \_\_\_\_\_

I have read, understood and accepted Appendix B \_\_\_\_\_

I have read, understood and accepted Appendix C \_\_\_\_\_

SIGNATURE OF PARENT(S)/GUARDIAN(S) \_\_\_\_\_

SIGNATURE OF STUDENT (OVER 19) \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

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Date Received: \_\_\_\_\_

**APPENDIX A  
PARENT/GUARDIAN RELEASE FORM**

We, the undersigned, as parent(s) or guardian(s) of \_\_\_\_\_, a minor, give permission to the *Fredericton Therapeutic Riding Association* to provide riding instruction to the undersigned minor. We (the undersigned parents or guardians) do hereby forever release the *Fredericton Therapeutic Riding Association* and its associates from all claims, demands and damages of every kind and nature which the undersigned minor may now, or in the future, have against *Fredericton Therapeutic Riding Association*. This may be on account of any personal injuries, physical or mental condition, known or unknown, to the undersigned minor, and the treatment thereof, as a result of the *Fredericton Therapeutic Riding Association*.

SIGNED: \_\_\_\_\_  
Parent(s)/Guardian(s)

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

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**APPENDIX B  
AUTHORIZATION FOR THE RELEASE OF INFORMATION**

Authorization is hereby granted to the *Fredericton Therapeutic Riding Association* to release information pertaining to the medical status of \_\_\_\_\_ for the purpose of educational and demonstration sessions.

SIGNED: \_\_\_\_\_  
Parent(s)/Guardian(s)/Rider

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

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**APPENDIX C  
PHOTO RELEASE FORM**

The undersigned hereby grant to *Fredericton Therapeutic Riding Association* permission to take or have taken, still and moving photographs and films including television pictures of \_\_\_\_\_ and consents and authorizes *Fredericton Therapeutic Riding Association*, its advertising agencies, news median and any other persons interested in *Fredericton Therapeutic Riding Association*, and its work, to use and reproduce the photographs, films, and pictures to circulate and publicize by all means including newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material. With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of *Fredericton Therapeutic Riding Association* to use or be used such photographs, films, and pictures for the primary purpose of promoting and aiding *Fredericton Therapeutic Riding Association* and its work and educating others.

SIGNED: \_\_\_\_\_  
Parent(s)/Guardian(s)/Rider

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_

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Date Received: \_\_\_\_\_