



Participant Registration (Typical Rider)

General Information

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Age _____ Gender: M or F Height _____ Weight _____

Phone: Home _____ Cell: _____

Email Address: _____

Employer / Occupation: _____

School presently attending: _____

Parent / Emergency Contact Info _____ :

How did you learn about the program? _____

Horse experience: _____

What are your riding goals: _____

Consent and Waiver

I acknowledge and understand the inherent risks of equine activity under Ohio law, Section 2305.40 of the Revised Code, which include but are not limited to: equine's unpredictable reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals, hazards involving surface or subsurface conditions, collision with another equine, animal, person or object; and the potential for me or my ward or others to act or fail to act in a manner that could result in injury, loss or death. 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 Solid Rock Therapeutic Riding Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or employees for any harm to my son/ daughter/ ward, family members, caregivers or myself while participating in Solid Rock programs.

Adult Participant or Parent Signature

Date

Revised Feb.2012

Printed Name

Photo Release

I, _____, hereby grant the Solid Rock Therapeutic Riding Center, all authorized employees, volunteers, benefactors, representatives, donors, sponsors, and contract hires while currently employed or under contract, permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or other consideration. I understand and agree that these materials will become the sole property of the Solid Rock Therapeutic Riding Center and will not be returned. I hereby irrevocably authorize the Solid Rock Therapeutic Riding Center to edit, alter, copy, exhibit, publish, and/or distribute any and all photographs bearing my likeness for purposes of publicizing the Solid Rock Therapeutic Riding Center's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written and/or electronic copy, wherein my likeness appears. Additionally, I waive any rights to royalties or other compensation arising from, or related to, the use of any photographs using my likeness. I hereby hold harmless, indemnify, release, and forever discharge the Solid Rock Therapeutic Riding Center from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, and/or any other persons acting on my behalf, or on behalf of my estate, have or may have by reason of this authorization. I am 21 years of age and am competent to contract in my own name. I have read this release prior to signing below and fully understand the contents, meaning, and impact of this release.

If the person signing is under 21 years of age, or not competent to contract for himself/herself, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

X _____
Parent/Guardian Signature

Printed Name Parent/Guardian

Date

I DENY the use of my / my child's image _____

TYPICAL RIDER MEDICAL FORM

Rider's Name: _____

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: (If none, write none)

Medications: (If none, write none)

In the event of an emergency please contact:

Name: _____ Relation _____

Phone #s _____

Name: _____ Relation _____

Phone #s _____

Solid Rock TRC Medical Care Authorization

I, _____, hereby authorize Solid Rock Therapeutic Riding Center and/or its authorized representative to give consent for treatment of my child, in the event of illness or injury.

Child's Name:

This authorization is effective as of the date listed below, until revoked in writing.

X _____
Parent/Guardian Signature

Date

PARTICIPANT AGREEMENT

As a Solid Rock TRC Rider I understand and hereby agree to the following.....

I have read and understand all barn rules posted at the facility & listed on the Solid Rock website.

Please notify us if you're unable to be here on your assigned day.

Treat all humans and animals with proper respect and consideration.

Dress appropriately for the weather & work you will be performing. Always wear sturdy shoes or boots. No dangle earrings or strong perfumes.

If unsure of tasks to perform, ask a supervisor, instructor or staff member. If you don't understand a procedure, ASK QUESTIONS.

Always follow directions and safety rules when completing the tasks assigned to you.

Solid Rock TRC has a ZERO TOLERANCE policy. I understand certain behaviors are not acceptable and will be cause for immediate dismissal from Solid Rock. These include but are not limited to:

NO WEAPONS

LACK OF RESPECT FOR PARTICIPANTS, STAFF, VOLUNTEERS, ANIMALS AND PROPERTY

POSSESSION OR USAGE OF ANY ILLEGAL DRUG OR ILLEGAL SUBSTANCE

ANY ACTION THAT PUTS OTHERS IN DANGER

Participant's Signature

Date

Parent's Signature

Date