



THE RIDING CENTRE

1117 East Hyde Road Yellow Springs, Ohio 45387

Rider's Registration and Release Form

(Please Print)

Client: _____ Date of Birth: _____ Age: _____

Street: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Work Phone: _____

Emergency: _____

Parents/Guardian: _____

Address/Phone: _____

School/Institution presently attending: _____

In case of emergency contact: _____ Phone: _____

contact: _____ Phone: _____

Liability Release

_____ (Client's Name) would like to participate in The Riding Centre's program. I acknowledge the risks and potential for risks of horseback riding. I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the assumed risk. 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 The Riding Centre, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees, and Antioch University for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating at The Riding Centre.

Date: _____ Signature: _____

(Client/Parent/Guardian)

Photo Release

I hereby consent to and authorize the use and reproduction by The Riding Centre of any and all photographs and other audiovisual materials taken of me/my son/my daughter/my ward) for promotional printed material, educational activities or for any other use for the benefit of the program.

Date: _____ Signature: _____

(Client/Parent/Guardian)

Under Ohio 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 from inherent risks of equine activities. (Ohio Revised Code 2305.321)