



## Rider Registration and Release Form

(Please write LEGIBLY and complete ALL information)

### Rider Registration Information:

Rider Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Email: \_\_\_\_\_  
(including area code) (including area code)

Please list any Medical Diagnoses: \_\_\_\_\_

Does the rider have seizures? YES / NO                      Does the rider communicate verbally? YES / NO

Can the rider follow 1-2 step directions? YES / NO

Rider's walking ability? Walks Independently \_\_\_\_\_ Walks with assistance \_\_\_\_\_ Does not walk \_\_\_\_\_

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

Address (if different than above): \_\_\_\_\_

Phone #s (if different than above): \_\_\_\_\_

### Emergency Contact Information:

Contact's name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### LIABILITY RELEASE and PHOTO RELEASE:

WARNING: Under North Carolina law, an equine activity sponsor, or equine professional is not liable for any injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities (Chapter 99E of the North Carolina General Statutes: Inherent risk of equine activities means those dangers or conditions that are an integral part of engaging in an equine activity, including, but not limited to the possibility of an equine behaving in in ways that may result in injury, harm, or death to persons on or around them, and/or the unpredictability of an equine's reaction to such things as sounds, sudden movement, unfamiliar objects, or other animals). I acknowledge the risks and potential for risk of volunteering in activities such as horseback riding. However, I feel that the possible benefits to me/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 Rolling Ridge Riding, Inc., its Board of Directors, Mark & Kathryn Davis- landowners, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in horseback riding or related activities. I further agree that I hold full responsibility for the continual supervision of all minor children/participants which are in my care while on this farm and will hold the landowners and/or volunteers from all dangers associated with the farm, including, but not limited to those caused by animals and water. I hereby consent to and authorize the use and reproduction by Rolling Ridge Riding, Inc. of any and all photographs and any other audio-visual materials taken of me/my song/my daughter/my ward for promotional material, educational activities or for any other use for the benefit of the program.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_