



# ROCKING HORSE RANCH

## Therapeutic Riding Program

(252) 752-0153    www.rhrnc.com

### PARTICIPANT REGISTRATION AND RELEASE FORM

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

School/Institution presently attending: \_\_\_\_\_

Occupation (for adult participants): \_\_\_\_\_

#### **In case of emergency:**

Contact 1: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Telephone: \_\_\_\_\_

### **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Rocking Horse Ranch Therapeutic Riding Program to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the emergency medical treatment.

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Rider, Parent or Guardian)

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1721 Blue Banks Farm Rd, Greenville NC 27834

Rocking Horse Ranch is a 501(c)(3) charitable organization.

## **WARNING**

Under North Carolina 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 exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.

### **Liability Release**

\_\_\_\_\_ (participant's name) would like to participate in the Rocking Horse Ranch Therapeutic Riding Program, Inc. ("Rocking Horse Ranch"). I have read the posted warning notice (Chapter 99E-3 of North Carolina General Statutes (also included below) and I acknowledge and assume the risks and potential for risks of equine assisted activities / therapy; these activities may include therapeutic riding, therapeutic interactive vaulting, hippotherapy, equine facilitated mental health/learning activities, grooming and ground school activities. 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 Rocking Horse Ranch Therapeutic Riding Program, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees, and/or the owners of any horses used by the program, for any and all injuries and/or losses I/my son/daughter/my ward may sustain while participating in Rocking Horse Ranch Therapeutic Riding Program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Rider, Parent or Guardian)

### **Photo Release (optional)**

I hereby consent to and authorize the use and reproduction by Rocking Horse Ranch Therapeutic Riding Program of any and all photographs and any other audiovisual materials checked off below that were taken of me/my son/daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

photo     video     RHR website     RHR Facebook     Student educational project

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Rider, Parent or Guardian)

### **Privacy Policy**

I understand that staff may need to share general information about my condition/program goals and progress with program volunteers in order to provide safe and effective lessons. I (do) (do not) give my permission for the staff to share similar information with others who are observing lessons for educational purposes for a limited time.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Rider, Parent or Guardian)

Sharing of Health Information:

My child has a current IEP or PCP that I (am) (am not) willing to provide to the program staff in order to facilitate a more effective riding lesson plan.

\_\_\_\_\_ IEP      \_\_\_\_\_ PCP

Do you need a scholarship application? YES    NO

How did you hear about our program? \_\_\_\_\_

Please share details of the participant's interests, school behavior, family, etc., that will help us in selecting an appropriate class.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I agree that I have read and understand Rocking Horse Ranch Therapeutic Riding Program's written policies and procedures for participant(s) and their families/caregivers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTIONAL – Statistical Information (used for Grants only):** Circle one answer for each item

**Ethnicity:**      African American      Hispanic      Native American      Middle Eastern  
Caucasian      Asian      Multiracial      Other: \_\_\_\_\_

**Annual Household Income:**      \$0 - 10,000      \$10-20,000      \$20-30,000  
   \$30-50,000      \$50-75,000      \$75,000+

**Number in Household:** \_\_\_\_\_      **Number Employed in Household:** \_\_\_\_\_