



Rider Registration Form

Name _____ Date of Birth _____
Parent/Guardian Name _____ Phone: Home _____
Address _____ Cell _____
City _____ State _____ Zip _____ E-mail _____

Confidentiality

I understand that all information (written or verbal) about participants is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor. Therefore I hereby authorize H.A.L.T.E.R. to release information from the records for the purpose of developing an equine activity program for the above named individual.

Date: _____ Signature: _____

Liability Release

Warning: Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

I acknowledge the risks and potential for risk of horseback riding. 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 HALTER, its Board of Directors, Instructors, Therapist, 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 HALTER.

Date: _____ Signature: _____

Photo Release

I (circle one) do do not
consent to and authorize the use and reproduction by HALTER of any and all photographs and any other audiovisual materials taken of me/ my son/ my daughter/ my ward for promotional material, educational activities or for any other use for the benefits of the program.

Date: _____ Signature: _____

Emergency Medical Information

Clients Name _____

Emergency Contacts

Name: _____ Phone # _____

Name: _____ Phone # _____

General Information

Physician's Name: _____

Health Insurance Co. _____ Policy # _____

Consent 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 HALTER to secure and retain medical treatment and transportation id needed and to release client records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-rays, surgery, hospital, medication and any treatment deemed "life saving" by the physician.

Date: _____ Signature of parent, guardian, client _____

Non-Consent Plan

I **do not** give my consent for emergency treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedure to take place.

Date: _____ Signature of parent, guardian or client _____