SHAR REGISTRATION FORM 2016

RIDER

959 E Main St
Birdsboro, Pa 19508

610-582-4050
michele@hugahorse.com
www.hugahorse.com

Select a Program:

	Camp		Able Body Riding		Field Trip		Boarder
	Bridle Club		Assisted Riding		Scout Troop		
	Equine Assisted Learning		Transitional Riding		Birthday Party		

Name: _____

Age: _____ Weight: _____ (Maximum weight for horseback riding not to exceed 200 lbs.)

Parent/Guardian Names: _____

Home Address: _____ City: _____ State: ____ Zip:_____

Email Address:_____

Cell Phone:_____ Home Phone: _____(circle preferred number)

SHAR Instructor (office only): _____

Would you like to be kept informed of upcoming events, lessons, and classes at SHAR? Circle: Yes No

Would you like to become a volunteer for Shady Hollow? Circle: Yes No

How did you find out about Shady Hollow Assisted Riding? _____

Photo Release:

I consent to and authorize the use and reproduction by ***Shady Hollow Assisted Riding*** of any photographs and audio-visual materials taken of me for promotional material, educational activities, and exhibitions to benefit the program.

Date: _____ Signature: _____

Date: _____ Parent/Guardian Signature: _____

Liability Release:

To participate in any program at ***Shady Hollow Assisted Riding***, I acknowledge the risks and potential for risks of horseback riding and associated activities. However, I feel that the possible benefits are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors and administrators, waive and release forever all claims for damages against ***Shady Hollow Assisted Riding & Shady Hollow Farms,*** it's owners, board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses that may be sustained while participating in ***Shady Hollow Assisted Riding's*** programs.

For this privilege I have read and agree to comply with all rules posted on the property and agree to wear an ASTM/SEI approved helmet.

Date: _____ Signature: _____

Date: _____ Parent/Guardian Signature: _____

A nonprofit 501 C(3) organization, Income Tax Identification Number 31-1631-455.

Medical History:

Do you have any medical concerns that would require special attention while participating in equine activities? Yes No

_____

Do you have any health problems or allergies that we should know about in case of an emergency?

_____

_____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering, or while being on the property, I authorize SHADY HOLLOW ASSISTED RIDING to:

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

Emergency Contact Information:

Name: _____ Phone: _____

Relationship: _____

Physician Contact Information:

Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Date: _____ Consent Signature: _____

Print Name: _____

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of volunteering or while being on the property. In the event emergency treatment/aid is required, I wish the following procedures to take place:_____

_____

Date: _____ Consent Signature: _____

Print Name: _____

Completed Registration Form and a fee of $25 (unless otherwise directed) is required before lessons begin.

SHAR is a 501(c)3, nonprofit organization. Financial support from individuals and companies are crucial to maintaining the health and wellness of our horses, property and equine programs. Suggested contact for donations or sponsorship:

Contact Name: _____

Name of Company:_____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

SHAR has a Facebook Page, please "Like" our page and "Check In" when you are here!

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