

SHADY HOLLOW ASSISTED RIDING

FIELD TRIP REGISTRATION



959 E Main St
Birdsboro, Pa 19508

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

Please fill out the information below, sign and date:

Rider Name: _____

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

Parent/Guardian Names: _____

Phone: _____

What brings you to SHAR? (*circle one*) Birthday Party or Field Trip

Name of Participating Organization or Party: _____

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: _____