

# SHAR REGISTRATION FORM

## *RIDER*



Select a Program: check box to the left of desired class

<input type="checkbox"/>	Camp	<input type="checkbox"/>	Able Body Riding
<input type="checkbox"/>	Boarder	<input type="checkbox"/>	Assisted Riding
<input type="checkbox"/>	Beginner Package	<input type="checkbox"/>	Transitional Riding

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): \_\_\_\_\_

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 programs at SHAR.

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: \_\_\_\_\_

**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?      Yes      No

**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. If you work for a company that makes annual donations, please take a moment to complete information below.*

Contact Name: \_\_\_\_\_

Name of Company: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**SHAR is on Facebook, Twitter and Instagram, please "Like", "Tweet" and "Check In" when you are here!**  
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