



Rainbow Riders - Therapeutic Riding Newfoundland and Labrador Inc.

P.O. Box 23199

St. John's, NL A1B 4J9

rainbowridersnl@gmail.com

REGISTRATION FORM

ATTENTION: Children are advised to wear footwear with a heel (e.g. Rubber boots or duck boots) and long comfortable pants. Dress for the weather. Participants may wish to bring a snack. Riding helmets will be provided.

Name: _____ Date of birth: _____

Diagnosis: _____

Age: _____ Height: _____ Weight: _____

MCP# _____

Parent or Guardian: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (Home): _____ (Work) _____ (Cell) _____

Email Address: _____

Alternate Contact: _____ Phone: _____

LIABILITY RELEASE

_____ would like to participate in Rainbow Riders – Therapeutic Riding Newfoundland and Labrador Inc. 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 Rainbow Riders – Therapeutic Riding Newfoundland and Labrador Inc. its Board of Directors, Instructors, Therapists, 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 Rainbow Riders – Therapeutic Riding Newfoundland and Labrador Inc. programs/activities.

Date: _____ Signature: _____

(Client, parent or guardian)

Witness: _____

PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by Rainbow Riders – Therapeutic Riding Newfoundland and Labrador Inc. of any and all photographs and/or any other audiovisual materials taken of me/my son/my daughter/my ward, for promotional-printed material, educational activities, exhibition, or for any other use for the benefit of the program.

Date: _____ Signature: _____
(Client, parent or guardian)

INFORMATION RELEASE

I hereby authorize Rainbow Riders – Therapeutic Riding Newfoundland and Labrador Inc. to release to its instructors and helpers such information as may be necessary to conduct a beneficial and safe riding program.

Name of Rider: _____

Date: _____

Signed: _____

Relation to Rider: _____

Witness: _____

A SPECIAL NOTE TO PARENTS/GUARDIANS

We take very seriously our responsibility to provide the safest environment for our clients to learn to ride; however, it is simply not possible to guarantee that there is no risk involved in riding horses. We can only pick out and train the best people to be our instructors, coordinators and volunteers - and we do just that! The same goes, of course, for the horses we use. But horses, even the quietest and best-trained can sometimes “have their moments”. This must be recognized as a built-in part of riding for anyone who is taking part or for any parent who is watching. We have to point out that falls and bumps may occur. We feel that people with a disability must be given the opportunity to fail at something - to pick themselves up and climb aboard for another try. This is how they achieve. We will continue to strive for the safest and highest quality of program. We feel sure we can count on your continued confidence at any time.

I have read the above “Special Note to Parents/Guardians” and acknowledge its contents.

Signature of Parent/Guardian: _____

Name of Rider: _____

Date: _____