



Therapeutic Riding

Information and Release Form

Client Name:							
Date of Birth:		Age:		Sex:	Male		Female
Address:							
Phone:			Email:				
School or Institution presently attending:							

Mother/Guardian:		Phone:	
Address (if different):			
Place of Employment:		Phone:	
Father/Guardian:		Phone:	
Address (if different):			
Place of Employment:		Phone:	

In Case of Emergency

Contact 1:			
Phone:		Relationship:	
Contact 2:			
Phone:		Relationship:	

By Brenda Malcolm Stoffel

PATH Certified Instructor

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 /oakhillfarm

Liability Release

I, _____ (Client's Name), would like to participate in the Oak Hill Farm Riding Program. I acknowledge the risks and potential for the risks 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 to damages against Oak Hill Farms, its Owner/Family/ Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees, as well as for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Programs at Oak Hill Farm, Inc.

Signature:		Date:	
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Parent, Guardian, or Client (over 18 yrs. of age)

Print Name:		Phone:	
Address:			

Photo Release

I hereby consent to and authorize the use and reproduction by Oak Hill Farm, Inc. of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities, media, website or for any other use for the benefit of the program.

Signature:		Date:	
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Parent, Guardian, or Client (over 18 yrs. of age)

Photo Non-Consent Signature

Signature:		Date:	
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Parent, Guardian, or Client (over 18 yrs. of age)

This form is to be updated yearly.

