

**FAMILY INFORMATION (minor riders only)**

School District of Rider's Residence? \_\_\_\_\_

School Grade Level? \_\_\_\_\_

Father's Name: _____	Mother's Name _____
Occupation: _____	Occupation: _____
Business Phone: _____	Business Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

**RESPONSIBILITY DESIGNATION**

If this Rider needs to be released early from a lesson and a parent or guardian cannot be reached, responsibility for the Rider will only be granted to those persons designated below:

_____	_____	_____
Name	Relationship to Rider	Telephone #
_____	_____	_____
Name	Relationship to Rider	Telephone #
_____	_____	_____

**PHOTO RELEASE**

I hereby consent to and authorize the use and reproduction by Raemelton Therapeutic Equestrian Center of any and all photographs and any other audiovisual materials taken of me/my son/daughter or my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

_____	_____	_____
Signature	Relationship to Rider	Date

**DECLARATION OF INTENT**

I hereby acknowledge that the aforementioned Rider is returning to the Riding Program at Raemelton Therapeutic Equestrian Center. I have completed and signed Liability Waiver and Emergency Medical Forms for this Rider. I understand that participation in this Program is dependant upon compliance by the Rider with all policies, procedures and safety requirements of the Equestrian Center. Failure to comply may result in dismissal from the Program.

The appropriate program selection and desired method of payment are indicated in this document. I agree that I will be responsible for the cost of the selected program. Payment options and/or any financial assistance for which this Rider qualifies will be arranged by me and approved by the Raemelton Therapeutic Equestrian Center staff prior to the start of the session.

My signature herein indicates my acceptance of the above-specified stipulations. If the Rider is a minor, permission is also granted for full participation in any and all activities related to the selected Program.

_____	_____	_____
Signature	Relationship to Rider	Date

\_\_\_\_\_  
Print Name