

Turning Pointe Equestrian Center
home of
Turning Pointe Therapeutic Riding



Rider Registration and Release Form

Client: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact Name and Phone: _____

Liability Release

_____ (Client Name) would like to participate in the riding program at Turning Pointe, and acknowledge the risks and potential for risks of horseback. However, I feel that the possible benefits to myself my son/my daughter/my ward are greater than the risk assumed. I hereby intend to be legally bound, for myself, my heirs and assigns, executors or: administrators, waive and release forever all claims for damages against Turning Pointe, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses/my son/daughter/ward may sustain while participating in riding lessons at Turning Pointe.

Client Signature

Client's Parent or Guardian

Date

Photo Release

I hereby **DO/DO NOT** consent to and authorize the use and reproduction by Turning Pointe of any and all photographs and any other audiovisual materials taken of *me/my son/daughter/ward* for promotional printed material, educational activities or for *any* other use for the benefit of the program.

Client Signature

Client's Parent or Guardian

1/07