

### Hoofbeats Therapeutic Riding Center, Inc.

At the Virginia Horse Center  
P.O. Box 979, Lexington, VA 24450  
Ph: 540 464-3337 e-mail: hoofbeats@rockbridge.net  
Website: [www.hoof-beats.com](http://www.hoof-beats.com)

North American Riding for the Handicapped Association, Inc.  
A Premier Accredited Member Operating Center

**\*\* Please note that horseback riding is contraindicated for some conditions/individuals, and Hoofbeats reserves the right to consider each application and deny services to individuals based upon concerns for the applicant's safety and/or the safety of the horses, volunteers, staff, or property owners, or for other reasons. Please refer to Hoofbeats' Policies and Barn Rules for guidelines. \*\***

### PARTICIPANT REGISTRATION AND RELEASE FORM

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street/P.O. Box: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

Parents or Guardian(s): \_\_\_\_\_

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

Adult Caretaker, if any: \_\_\_\_\_ Phone: \_\_\_\_\_

School or institution presently attending: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Or contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### PHOTO/VIDEO/MEDIA RELEASE

I consent to and authorize the use and reproduction by Hoofbeats Therapeutic Riding Center, Inc. of any and all photographs and any other audiovisual, videotape, or digital media materials taken of me/my child/my ward for promotional printed material, internet website, educational activities, exhibitions or for any other use for the benefit of Hoofbeats Therapeutic Riding Center, Inc., the Therapeutic Riding Association of Virginia (TRAV), or the North American Riding for the Handicapped Association (NARHA).

Date: \_\_\_\_\_ Signature of Participant: \_\_\_\_\_

Print Name of Participant: \_\_\_\_\_

**Parents or guardians with legal custody must sign IF participant is under eighteen (18) years of age or otherwise under a legal disability.**

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

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

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

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