

ADVANTAGE RANCH

Center for Equine Interactive Concepts, Inc.

Rider/Participant Registration and Release Form

Client: _____ Date of Birth: _____ Age: _____
Street: _____ City: _____ State: _____ Zip Code: _____
Email address: _____
Home Phone: _____ Work Phone: _____ Emergency: _____
Parents or Guardian: _____
Address/Phone: _____
School or Institution presently attending: _____
In case of emergency, contact: _____ Phone: _____
contact: _____ Phone: _____

Liability Release

_____ (Client's Name) would like to participate in the ADVANTAGE RANCH, Inc. program. I acknowledge the risks and potential for risks of horseback riding and other horse interaction experiences. However, I feel that the possible benefits to myself/my son/my daughter/ my ward are greater than the risk assumed. I further understand that in accordance with VA Code Ch. 27.5 S 3.1-796.130-3, the equine activity sponsors and equine professionals are protected from liability involved in the inherent risks associated with participation in equine activities.

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 ADVANTAGE RANCH, Inc. its Officers, Administrators, 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 the ADVANTAGE RANCH, Inc. program.

Date: _____ Signature: _____
Client, Parent, or Guardian

Photo Release

I hereby consent to and authorize the use and reproduction by ADVANTAGE RANCH, 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 or for any other use for the benefit of the program.

Date: _____ Signature: _____
Client, Parent, or Guardian

Media Release

I understand that ADVANTAGE RANCH, Center for Equine Interactive Concepts, Inc. occasionally issues press releases, printed educational materials, Internet sites, and other media releases in support of Equine Interactive Counseling™, and the Galloping Thru Life™ equine experiential education program, as well as the Blacksburg division regular activities. I hereby consent to and authorize the use and reproduction of program information about me/my son/my daughter/my ward including the use of my/their name in these media releases.

Date: _____ Signature: _____
Client, Parent, or Guardian