



Hoofbeats & Heartbeats, Inc. ♦ 12301 95th Street NE ♦ Elk River, MN 55330

Rider's Registration and Release Form

Registration:

Client: _____ DOB: _____ Age: _____

Address: _____ City, State, Zip _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

School or Institution presently attending: _____

In case of emergency contact:

Name: _____ Relation: _____

Phone Number: _____ or _____

Liability Release:

_____ would like to participate in the **Hoofbeats & Heartbeats, Inc.** riding program.
(Client)

I acknowledge the risk and potential for risk of horseback riding. However, I feel that the possible benefits to _____ ward for greater than the risk assumed.
(Client)

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

Hoofbeats & Heartbeats, Inc., its Board of Directors, Instructors, Therapists,

Aides, Volunteers and/or employees for any and all injuries and/or losses _____
(Client)

may sustain while participating in **Hoofbeats & Heartbeats, Inc.**

Signature: _____ **Date:** _____