



Registration and Release Form

Client: _____ Date of Birth: _____ Age: _____ Sex: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent or Guardian: _____

E-Mail: _____

Address/Zip: _____

School or Institution Currently Attending: _____

In Case of Emergency Contact: _____ Phone: _____

Ethnicity:

() Caucasian/White () African-American () Hispanic () Asian/Pacific Islander

() American Indian () Middle Eastern

Liability Release

_____ (Client's name) would like to participate in the Centaur Stride program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and my assigns, executors or administrators, waive and release forever all claims to damages against Centaur Stride, its board of directors, instructors, therapeutic 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 Centaur Stride.

Signature (Participant if over 18): _____ Date _____

Signature (parent or guardian): _____ Date _____

Photo Release

I authorize Centaur Stride, Inc. to utilize photographs of me or my minor child. I understand that these images will not be altered and may be used in publications, facility advertisements, or for educational purposes.

Signature _____ Date _____