

Rider Registration

Rider's Name: _____ DOB: _____ Age: _____

Height: _____ Weight: _____ Nature of Disability (if present): _____

Address: _____ City: _____ State: _____

Email: _____ Zip: _____

Phone: _____ Phone: _____

How did you hear about us? _____

Parent/Legal Guardian's (if under 18 yrs.):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency Contacts

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

Previous Experiences with Horses: _____

Times Available: Monday: _____ Wednesday: _____ Friday: _____

Tuesday: _____ Thursday: _____ Saturday: _____ Sunday: _____

I, _____, understand that all scheduled appointments must be confirmed 24 hours in advance. If I do not cancel my scheduled lesson or appointment within 24 hours prior, Mary Rose Anderson, has a right to bill for her time.

I, _____, understand that I am responsible for my minor child(ren) when on the property of _____. I am responsible to watch my child(ren) at all times. I will be respectful of others and for their children, and that of my child's own safety. I will not let my child run, scream, walk up to or pet horses without permission, or go into any prohibited areas unless authorized.

Photo Release:

I, _____, authorize and give consent to use and reproduction of any and all photographs and any other audio/visual materials taken by Mary Rose Anderson for promotional material, education services and activities, exhibitions or for any other use for the benefits of the program.

Sign: _____

Rider or Parent/Legal Guardian's (if under 18 yrs.)

Date