

Application Date: _____

RIDE WITH PRIDE, INC.
P.O. Box 1203, Staunton, VA 24402-1203

Registration and Release Form

GENERAL INFORMATION

Name of Client: _____

Address: _____ City: _____

State _____ Zip Code: _____ Date of Birth: _____

Age: _____ Gender _____ Height _____ Weight _____ Ethnicity _____

Home Phone: _____ Work Phone: _____ Cell: _____

Parent or Guardian: _____

Address (if different from client's) _____

Home Phone: _____ Work Phone: _____ Cell: _____

School or Institution presently attending: _____

Referral source/How did you hear about Ride With Pride's program? _____

In Case of Emergency, Contact: _____ Phone: _____

Or Contact: _____ Phone: _____

HEALTH HISTORY

Diagnosis _____ Date of Onset _____

MEDICATIONS (*include prescription, over-the-counter, name, dose and frequency*)

PHYSICAL FUNCTION (*ie. mobility skills such as transfers, walking, wheelchair use, driving, etc.*)

Application Date: _____

PSYCHO/SOCIAL FUNCTION *(ie. School/work including grade complete, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)*

GOALS *(ie. Why are you applying for participation? What would you like to accomplish?)*

LIABILITY RELEASE

_____ *(client's name)* would like to participate in the Ride With Pride, Inc. program. I acknowledge the risks and potential risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. 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 Ride With Pride, Inc., its Board of Directors, 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 Ride With Pride, Inc.

Signature: _____ Date: _____
Client, Parent or Guardian

PHOTO RELEASE (Optional)

I DO DO NOT

hereby consent to and authorize the use and reproduction by Ride With Pride, 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, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
Client, Parent or Guardian