



SOUTHERN VERMONT  
Therapeutic Riding Center

3 Cross Country Circle, Wilmington, VT 05363

[www.sovtrc.org](http://www.sovtrc.org)

(802) 221-4409

## REGISTRATION AND RELEASE FORM

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Disability: \_\_\_\_\_

School or Institution Presently Attending: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Check one: ( ) Parent ( ) Guardian ( ) Executor ( ) Residential Mgr. ( ) Other: Specify \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_ Bus. Phone: ( ) \_\_\_\_\_

**PHOTO RELEASE:** \_\_\_\_\_ I hereby consent to and authorize  
\_\_\_\_\_ I do not consent to, nor do I authorize

the use and reproduction of any and all photographs and other audiovisual materials taken of me/participant by Southern Vermont Therapeutic Riding Center for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**LIABILITY RELEASE (Required):** \_\_\_\_\_ (Name) would like to participate in the Southern Vermont Therapeutic Riding Program. I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against Southern Vermont Therapeutic Riding Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Program from whatever cause including but not limited to the negligence of these released parties.

The undersigned acknowledges that he/she has read this Registration and Release Form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**TESTING RELEASE (NEW RIDERS ONLY):** I have read the letter to prospective SVTRC participants, parents and/or teachers. I understand the importance of pre- and post-testing of new participants. I give permission for \_\_\_\_\_ to be tested by SVTRC.

(Name of Participant)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_