

Participant's Application and Health History

Participant Name _____ Date _____

Birth Date _____ Age _____ Weight _____ M F

Parent Legal Name and Address _____

Phone _____ Alternative # _____

Email: _____

School/Employer _____

How did you learn about the Program? _____

Liability Release

I/my child would like to participate in the Unicorn Therapeutic Riding Program. I acknowledge the risks and potential for risks of horseback riding and working around horses. However, I feel the possible benefits to me/my child 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 Unicorn Therapeutic Horseback Riding, its Board of Directors, Affiliated Organizations, Employees, Instructors, Therapists, Aides, Volunteers, Equines and Operating Site for any and all injuries and/or losses I/my child may sustain while participating in Unicorn Therapeutic Horseback Riding.

WARNING: UINDER NEW JERSEY LAW, AN EQUESTRIAN OPERATOR IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, C.287, C:5:15 ET ESQ

Print Name _____

Signed _____ Date _____

Witness: _____ Date _____

PHOTO/MEDIA RELEASE

I do

I Do Not

Consent to and authorize the use and reproduction by Unicorn Therapeutic Horseback Riding of any and all photographs and any other audio/visual materials taken of me/my child for promotional material, educational activities and exhibitions or for any other use for the benefit of the program.