



## 2026 Summer Enrichment Program Registration

### SUMMER PROGRAM PARTICIPANT INFORMATION

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you learn about the program? \_\_\_\_\_

### PROGRAM INFORMATION

The session operates Monday-Friday 9:00-1:00 rain or shine. You must provide snacks and drinks for your child. While riding, all the participants are required to wear a helmet, long pants, closed toe, sturdy shoes (no sandals or crocs). RWH has helmets and boots to use if riding.

Please select desired week:

- \_\_\_ June 30 – July 2 Barn Buddies (\$250.00) Ages – 3 to 6
- \_\_\_ July 13-17 Summer Equine Enrichment (\$450.00) Ages - 7 to12
- \_\_\_ July 20-24 Summer Equine Enrichment (\$450.00) Ages - 7 to12
- \_\_\_ August 3-7 Summer Equine Enrichment (\$450.00) Ages 7-12

A non-refundable deposit of \$100.00 per session per child is due upon registering to hold the child's place.

\*\*\*A second sibling participating in the **same** week of the session will pay the discounted rate of \$400.00. Or \$225.00 for Barn Buddies

Final and full payment is due **two weeks** days before the first day of the session – this includes completed paperwork. There are no exceptions to this requirement!

Total Amount: \$ \_\_\_\_\_

To get more information & register call 908-735-5912, or email [programs@ridingwithheart.org](mailto:programs@ridingwithheart.org)

WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, C.287, C:5:15-1 ET ESQ.



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### LIABILITY RELEASE

I / my child would like to participate in the Riding with HEART program. I acknowledge the potential risks of horseback riding and working around horses. However, I feel the possible benefits to me / my child is 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 Riding with HEART, 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 Riding with HEART activities.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent/guardian if participant is under 18 years of age)

### IN THE EVENT OF AN EMERGENCY PLEASE CONTACT:

Parent/Legal Guardian: \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Second Emergency Contact: \_\_\_\_\_ Second Emergency Contact #: \_\_\_\_\_

List authorized adults who may pick your child up please include phone number:

\_\_\_\_\_  
\_\_\_\_\_

### CONSENT FOR TREATMENT

- I DO  
 I DO NOT

Consent to emergency medical treatment/aid in the case of illness or injury while I/my child participate in activities at Riding with HEART. Riding with HEART reserves the right to and will contact first responders (911). Riding with HEART staff are certified in Basic Life Support and CPR and will make every effort humanly possible to assist the participant until emergency personnel arrive, however, staff are not trained medical professionals and cannot make medical recommendations or decisions on the injured party's behalf.

In the event emergency treatment/aid is required, the participant's parents or legal guardian WILL immediately be contacted. If that emergency contact cannot be reached, the indicated second emergency contact will be called.

Consent or Non-consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent/guardian if participant is under 18 years of age)



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### HEALTH INFORMATION

Describe abilities/difficulties in the following areas below (include assistance required): \_\_\_\_\_

\_\_\_\_\_

Social/Behavioral/Cognitive: \_\_\_\_\_

\_\_\_\_\_

### PHOTO/MEDIA/WEBSITE/ADVERTISING CONSENT

I DO

I DO NOT

Consent to and authorize the use and reproduction by Riding with HEART 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.