



Riding with HEART  
639 County Rd 513  
Pittstown, NJ 08867  
(908) 735-5912

## Non-Rider Participant Application – EAL EAP

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ M / F

Address: \_\_\_\_\_  
\_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Alternative #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer/School: \_\_\_\_\_

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

### Liability Release

I / my child would like to participate in the Riding with HEART 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 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.

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.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of parent/guardian if volunteer is under 18 years of age)

### Photo/Media Release/Website

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.



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**In the event of an emergency contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation : \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the Riding with HEART, I authorize RWH Program to:

1. Secure and retain medical treatment and transportation if needed.
2. Release pertinent records upon request to the authorized individual or agency involved in the medical emergency treatment.