



One Time Participant Registration

Participant Name: _____ Date: _____

Birth Date: _____ Age: _____ Height: _____ Weight: _____ M/F

Parent/Legal Guardian Name and Address: _____

Best Contact Phone: _____ Alternate #: _____

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 potential risks of horseback riding and working around horses. However, I feel the possible benefit 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.

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 participant is under 18 years of age)

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.



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PARTICIPANT'S EMERGENCY MEDICAL TREATMENT INFORMATION

Participant Name: _____

Allergies: (medications and other): _____

Medical Conditions / Diagnosis: _____

Current Medications: _____

IN THE EVENT OF AN EMERGENCY PLEASE CONTACT:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

CONSENT FOR TREATMENT

I **DO** CONSENT

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)