



**REINDANCER THERAPEUTIC RIDING CENTER
31 ARCHERTOWN ROAD
NEW EGYPT, NJ 08533
(609) 752-0900**

Rider and Volunteer Registration and Release Form

Date: _____

Client/Volunteer: _____ DOB: _____ Age: _____

Street: _____ City: _____ State: _____

Zip Code: _____ Home Phone: _____ Work Phone: _____

Emergency Phone: _____

Parent or Guardian: _____ Phone: _____

Address (if different from above): _____

School presently attending: _____

Liability Release

_____ would like to participate in the **Reindancer Therapeutic Riding Center, Inc. (RDTRC)**. 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 or administrators, waive and release forever all claims for damages against RDTRC, Inc., 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, any claims relating to negligent conduct, insufficient warning notices, failure to properly assess a participant's ability, or injuries sustained while under the influence of alcohol or drugs while participating in RDTRC, Inc.

Date: _____ Signature: _____

Photo Release (Optional)

I consent to and authorize the use and reproduction by RDTRC, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Date: _____ Signature: _____