



RIDER Registration & Release Form

(PLEASE WRITE LEGIBLY and complete ALL information)

Rider Registration Information:

Rider Name: _____ Date of Birth: _____ Age: _____ Weight: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone# (1) _____ Phone# (2) _____ E-Mail: _____
(INCLUDE YOUR AREA CODE) (INCLUDE YOUR AREA CODE)

Does the rider have seizures? Yes No

What is the rider's walking ability? Walks Independently _____ Walks with Assistance _____ Unable to Walk _____

Parent(s)/Guardian(s) Name(s): _____

Address (if different than above): _____

Phone#(s) (if different than above): _____

Emergency Contact Information:

Contact's Name: _____ Relationship: _____ Phone#: _____

Doctor's Name: _____ Phone#: _____

Hospital's Name: _____ Phone#: _____

LIABILITY RELEASE and PHOTO RELEASE:

WARNING: Under North Carolina law, an equine activity sponsor, or equine professional is not liable for any injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. (Chapter 99E of the North Carolina General Statutes: Inherent risk of equine activities means those dangers or conditions that are an integral part of engaging in an equine activity, including, but not limited to, the possibility of an equine behaving in ways that may result in injury, harm, or death to persons on or around them, and/or the unpredictability of an equine's reaction to such things as sounds, sudden movement, unfamiliar objects, or other animals.)

I acknowledge the risks and potential for risk of volunteering in activities such has horseback riding. However, I feel that the possible benefits to me/my son/my daughter/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 Rolling Ridge Riding, Inc., its Board of Directors, Mark & Kathryn Davis – landowners, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injures and/or losses I/my son/my daughter/my ward may sustain while participating in horseback riding or related activities. I further agree **that I hold full responsibility for the continual supervision of all minor children/participants which are in my care while on this farm and will hold the landowners and/or volunteers harmless from all dangers associated with the farm, including but not limited to those caused by animals and water.**

I hereby consent to and authorize the use and reproduction by Rolling Ridge Riding, Inc of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional material, educational activities or for any other use for the benefit of the program.

Parent/Guardian Signature: _____ Date: _____

Must be Notarized if not signed on Rolling Ridge Riding premises – see Page 2



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If the parent/legal guardian completing this form for a RRR therapy/equestrian team rider is not signed on the RRR premises, the form must be signed either (a) in the presence of a Notary Public, or (b) an authorized Rolling Ridge Riding board member.

Legal Guardian Printed Name: _____ Date: _____

Legal Guardian Signature: _____

(A) NOTARY PUBLIC

STATE OF _____ COUNTY OF _____

I, a Notary Public, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and (where an official seal is required by law) official seal on this the _____ day of _____, 20____

Notary Public _____

Printed Name: _____ (Official seal)

My Commission Expires: _____

OR

(B) ROLLING RIDGE RIDING AUTHORIZED BOARD MEMBER

I, _____, an authorized board member of Rolling Ridge Riding, acknowledge that the above signed legal guardian did this day appear before me and sign the Volunteer Release Registration and Release form for their minor child/ward.

RRR Board Member Signature: _____ Date: _____