



# 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: \_\_\_\_\_