



Horses Unlimited, Inc.
P.O. Box 30194
Cromberg, CA. 96103
(530) 836-4551
HorsesUnlimited.Inc@gmail.com

*A Charitable Organization
Providing Therapeutic
Horseback Riding For
People With Special Needs*

Rider Registration

Name of Rider _____ Date of Birth _____
Name of Parent/Guardian _____
Address _____ City _____ State _____ Zip _____
Email _____

FEE SCHEDULE

The cost of equine assisted activities at Horses Unlimited, Inc. is \$45.00 a lesson or \$360.00 for an eight week session.

Method of Payment: Sponsorship Private Grant

PROGRAM REQUIREMENTS

◆ Liability Release Date _____ Signature _____

Riders Name: _____ would like to participate in the Horses Unlimited, Inc. program. I acknowledge the risk and potential for risk of horseback riding. However, I feel 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 Horses Unlimited, 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 while participating in any activity of Horses Unlimited, Inc.

POLICY FOR UNEXCUSED ABSENCES

If you are unable to ride at your scheduled lesson, remember to contact your instructor or leave a message **THE DAY BEFORE** the lesson. If you have more than one unexcused lesson, you will forfeit your place on the student lesson schedule. To cancel a lesson, call Lauren Sternberg: 836-2795 or Horses Unlimited, Inc. (530- 836-4551).

I hereby agree to the above paragraph:

◆ Signature _____ Date _____
Parent/ Guardian

PHOTO CONSENT PLAN

I hereby consent to, and authorize the use and reproduction by Horses Unlimited, Inc. of any and all photographs and any other audiovisual materials taken of myself/my child/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

◆ Signature _____ Date _____
Parent/ Guardian

----- or -----

PHOTO NON - CONSENT PLAN

I hereby do NOT consent to and DO NOT authorize the use and reproduction by Horses Unlimited, Inc. , of any and all photographs and any other audiovisual materials taken of myself/my child/my ward for promotional printed material educational activities or for any other use for the benefit of the program.

◆ Signature _____ Date _____
Parent/ Guardian