



Horses Unlimited, Inc.
 PO Box 30194 Cromberg, CA 96103
 therapy@horsesui.org
 530-280-1565
 horsesUI.org

A charitable organization providing therapeutic horseback riding for people with disabilities

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 \$60.00 a lesson or \$480.00 for an eight week session. Method of Payment: Sponsorship Private Grant

PROGRAM REQUIREMENTS

1) Release of Liability

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.

◆ Signature _____ Date _____

2) 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- 280-1565.

I hereby agree to the above paragraph:

◆ Signature _____ Date _____

3) Photo Consent or Non-consent Plan- choose one

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 _____

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 _____