



118 Wyman Road
Keene NH 03431

REGISTRATION AND RELEASE FORM

Rider: _____ Date of Birth: _____ Age: _____

Street: _____

City: _____ State: _____ Zip code: _____

Parent or Guardian: _____

Address (if different): _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____

Email address: _____

In case of emergency contact: _____ **Phone** _____

LIABILITY RELEASE

_____ (Rider's Name) would like to participate in the therapeutic riding program of Miracles In Motion. I acknowledge the risks and potential for injury inherent in horseback riding. However, I have decided that the possible benefits to myself/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 Miracles In Motion, it's Board of Directors, Instructors, Therapists, Aides, Volunteers, agents, facility and horse owners and Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in the therapeutic riding program of Miracles In Motion.

Date: _____ Signature: _____

Rider, Parent, or Guardian

PHOTO RELEASE: OPTIONAL

I hereby consent to and authorize the use and reproduction by Miracles In Motion of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

Date: _____ Signature: _____

Rider, Parent, or Guardian

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while on the property being used by the Program, I authorize Miracles In Motion to:

1. Secure and retain emergency medical treatment and transportation.
2. Release medical records upon request to the authorized individual or agency involved in the medical emergency treatment.

Date: _____ Signature: _____

Rider, Parent, or Guardian