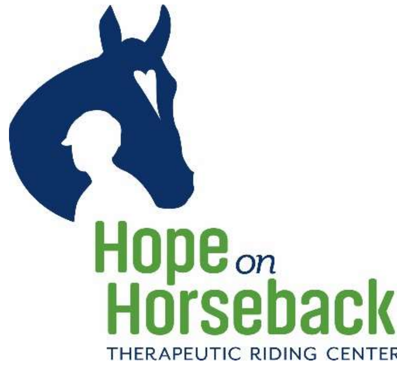
Hope on Horseback
Therapeutic Riding Center
7280 Sterrettania Rd.
Fairview, PA 16415
(814) 474-5276
program@hopehorseback.org



2022
Office use only
Date Received:
Contacted by:
Date:
Payment:

CLINIC ENROLLMENT AND RELEASE FORM

Please print neatly.

Participant's Name ____

Address ______________________________ City__________ Zip _______

Phone __________________________ Cell __________________________

Email ____

School/Employer ____

HOPE ON HORSEBACK LIABILITY AND MEDICAL RELEASE

The undersigned, in consideration of the instruction given in the program furnished by Hope on Horseback Therapeutic Riding Center, does hereby release, discharge, and indemnify HOHB from all claims which the undersigned may have now or in the future resulting from personal injury, death, or property damage to the person or property, caused or in any way growing out of acts of HOHB. It is the understanding that HOHB and its personnel shall take all reasonable precautions regarding the operation of all ground and riding programs. I intend to be legally bound by this agreement.

Further, the undersigned authorizes any licensed physician and/or emergency medical personnel to provide any medical/surgical care and/or hospitalization for the client, including anesthetic, which they determine necessary or advisable, pending receipt of specific consent from the undersigned.

____ Date ______________
Participant's Signature **(**Or parent/guardian if under 18 years of age)

PHOTO/PUBLICITY RELEASE

I hereby give Hope on Horseback permission to use my name or photographs in its public relations efforts for the primary purpose of promoting Hope on Horseback Therapeutic Riding Center, and for soliciting financial support for HOHB.

____ Date ______________
Participant's Signature **(**Or parent/guardian if under 18 years of age)