

Reins of Life, Inc.

55200 Quince Road, South Bend, IN 46619
Telephone 574/232-0853 Fax 574/232-1104
Website:

Registration and Release Form

Rider's Name:	_____	DOB:	_____	Age:	_____		
Address:	_____	City:	_____	State:	_____	Zip:	_____
Home #:	_____	Cell #:	_____	Email:	_____		
Rider Employer or School:	_____	Phone:	_____				

Parent/Guardian:	_____						
Address:	_____	City:	_____	State:	_____	Zip:	_____
Home #:	_____	Cell #:	_____	Email:	_____		
Parent/Guardian Employer:	_____	Phone:	_____				

Liability Release

_____ (Rider's Name) would like to participate in the Reins of Life, Inc. program. I acknowledge the risks and potential for risks of horseback riding and horse related activities. However, I feel 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 Reins of Life, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, Employees, Equines and Equipment for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Reins of Life, Inc.

Signature: _____ Date: _____
Signature of parent/guardian if rider is under 18

Photo Release

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

Photo Release Signature: _____ Date: _____
Parent/guardian if rider is under 18

Do Not Photograph Signature: _____ Date: _____