



### Participant Registration and Release Form

**Participant Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Employer/School:** \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Parent/Legal Guardian:** \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**LIABILITY RELEASE (REQUIRED)**

In return for being allowed to use the Willow Creek Ranch Therapeutic Riding Center, including its facilities, horses and equipment, where applicable for horseback riding and other horse related activities, I / my son / my daughter / my ward \_\_\_\_\_ (Participant's Name) agree to abide by all the rules and regulations of WCR now in effect or later adopted. In addition, I hereby agree to assume all responsibility and risk from my / my son / my daughter / my ward's participation in activities of WCR. I further agree to hold WCR, its Board of Directors, Instructors, Therapist, Aides, Volunteers and/or employees free and harmless from all damages or liability for any injury to person or property arising as a result of the use of facilities, horses, and/or equipment owned or leased to WCR, including any injury caused by their negligence.

I am aware of the significant risks of injury that horseback riding and horse-related activities may cause to myself / my son / my daughter / my ward, however, I feel that the possible benefits to myself / my son / my daughter / my ward are greater than and out weigh the risk assumed. By signing this agreement I am assuming all risk and do hereby understand that horses are animals, not subject to any guarantee of reliability. Therefore, I agree to release, indemnify and hold harmless WCR, its Board of Directors, Instructors, Therapist, Aides, Volunteers and/or employees from all liability they may incur.

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE:" A person who is engaged for compensation in the rental of equines or equine equipment or tack in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes."

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client, Parent or Legal Guardian

**PHOTO RELEASE**

I  Do  I  Do Not consent to and authorize the use and reproduction by Willow Creek Ranch of any and all photographs and any other audio/visual materials taken of me / my son / my daughter / my ward for promotional material, educational activities, exhibitions or for any other use for in benefit of the program.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client, Parent or Legal Guardian