

Dreams Go On with High Hopes
Therapeutic Horseback Riding Program
Lake View Stables 1403 Turkey Valley Road
Hollidaysburg, PA 16648
www.DreamsGoOn.com

REGISTRATION AND RELEASE FORM

Rider Name: _____

Date of Birth: _____

Address: _____

Phone(s): _____

E mail address: _____

Parent(s)/Guardian: _____

School Presently Attending: _____

Rider's Medical Insurance Company: _____

Insurance #: _____

Liability Release

_____ (Rider's name) would like to participate in Dreams Go On and I acknowledge and understand the risks and potential of risks of horseback riding. However, I feel that the possible benefits for myself/son/daughter/ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, or administrators, waive and release forever all claims for damage against Dreams Go On, its Board of Directors, Instructors, Volunteers, Therapists, Members, Owners of equines, and owners or employees of the stable for any and all injuries and losses I/my son/daughter/ward may sustain while participating.

Signature of Rider (if over 18): _____

Signature of Parent or Guardian: _____

Date: _____

Registration and Release Form

Photo Release

I hereby consent to authorize the use and reproduction by Dreams Go On of any and all photographic and audiovisual material taken of me/my son/my daughter/my guardian for promotional purposes, educational activities, exhibitions or any other use for the benefit of the program.

Signature of Rider (if over 18): _____

Signature of Parent or Guardian: _____

Date: _____

Pennsylvania Equine Liability Law:

You assume the risk of Equine Activities pursuant to Pennsylvania Law. 2005

**Please return forms to Dreams Go On, Debbie Kelly, Program Manager
1006 Valley View Blvd., Altoona, PA 16602**