

North Fork Therapeutic Riding Program at Foxrun Farm

800 Cox Lane, Cutchogue, NY 11935 (631) 734-6199

E-mail: NoFoTRIP@gmail.com

Website: www.northforktripny.org

REGISTRATION, LIABILITY WAIVER & PHOTOGRAPIC RELEASE FORM

Date: ___/___/___

PARTICIPANT'S NAME _____ DOB _____/_____/_____/ AGE _____

HOME ADDRESS: _____

HOME PHONE NUMBER: _____

E-MAIL ADDRESS(ES) _____ and _____

EMERGENCY CONTACTS

PARENT/GUARDIAN _____ CELL _____

HOME ADDRESS _____

E-MAIL ADDRESS(S) _____ and _____

PARTICIPANT/PARENT SIGNED _____ DATE _____/_____/_____

Relationship to student _____

PARTICIPANT _____ (Name) would like to participate in the programs, activities and events at FOXRUN FARM. I understand and acknowledge the risks and potential for risks of horseback riding and related equine activities including grievous bodily harm. However, I feel that the possible benefits to myself/my child/my ward are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against FOXRUN FARM, its Owners, Board of Directors, Managers, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Activities from whatever cause but not limited to the negligence of these released parties.

The undersigned acknowledges that he/she has read this Release Form in its entirety; that he/she understands the terms of this Release and has signed this Release voluntarily and with full knowledge of the effects thereof.

Participant's Name (Printed) _____ Date: _____/_____/_____

Participant/Parent Signature _____ Date: _____/_____/_____

PHOTO RELEASE. During the activities, our staff may take photos or other audiovisual materials of participants, horses and instructors. These images will only be used for promotion of our various programs. No participants' or parents' names or individual identifying data will be used. By signing you give North Fork Trip and Foxrun Farm permission to use images without charge/compensation in perpetuity to promote their programs in print & digital media.

Participant's Name (Printed) _____ Date: _____/_____/_____

Participant/Parent Signature _____ Date: _____/_____/_____

IN THE EVENT EMERGENCY MEDICAL TREATMENT is required due to illness or injury while being on the property of Foxrun Farm, I authorize Foxrun Farm to:

1. Secure and retain medical treatment and transportation as needed, and
2. Release records to the authorized individual or agency involved in the medical treatment program.

Consent signature _____ Date _____/_____/_____