



# PROJECT R.I.D.E., INC.

## REGISTRATION AND RELEASE FORM



### REGISTRATION

Client Name: \_\_\_\_\_ (circle) M / F Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School, Day Program or Employer: \_\_\_\_\_

Circle One: Self/Adult Parental Custody    Group Home    Foster Care    Other \_\_\_\_\_

Contact 1: Name \_\_\_\_\_ (circle one): Mother/Father/Guardian/Caregiver

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Contact 2: Name \_\_\_\_\_ (circle one): Mother/Father/Guardian/Caregiver

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method(s) of communication: \_\_\_\_\_

### IN CASE OF EMERGENCY: (Please enter a separate contact in case parents/guardians cannot be reached)

Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Our family speaks primarily  English (or) \_\_\_\_\_ Translator contact \_\_\_\_\_

### LIABILITY RELEASE

\_\_\_\_\_  
(Client's Name) would like to participate in the **PROJECT R.I.D.E., Inc.** program. I acknowledge the potential risk in horseback riding. However, I feel that the possible benefits to me / my son / my daughter / my ward are greater than the risk assumed. In the event emergency medical treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize **Project R.I.D.E., Inc.** to secure and retain medical treatment and transportation if needed and to release client records upon request to the authorized individual or agency involved in the emergency medical treatment. This may include any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person listed as an emergency contact above is unable to be reached immediately. 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 **PROJECT R.I.D.E., Inc.** it's Board of Directors, Instructors, Therapists, Aides, Volunteers and / or Employees for any and all injuries and / or losses I / my son / my daughter / my ward may sustain while participating in **PROJECT R.I.D.E., Inc.**

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

(CLIENT, PARENT OR GUARDIAN)

### PHOTO RELEASE: *Please initial your choice*

I \_\_\_\_\_ **GIVE** my consent to and authorize OR I \_\_\_\_\_ **DO NOT** give my consent for the use and reproduction by **PROJECT R.I.D.E., Inc.** of any and all photographs and any other audiovisual materials taken of me / my son/daughter /ward for promotional printed or online material, educational activities, exhibitions, or for any other use for the benefit of the program.

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

(CLIENT, PARENT OR GUARDIAN)

- We would like to receive information about Project RIDE fundraising events and other support opportunities.
- Our employer(s) offers a matching donation or corporate volunteerism program.

**Additional OPTIONAL information**

This information is **not** used in determining program eligibility, is entirely **optional** and will be held in strictest confidence. Project R.I.D.E. Inc. does not discriminate against anyone, for any reason whatsoever.

<b>Ethnicity:</b>
<input type="checkbox"/> <b>Hispanic or Latino Origin</b>
<input type="checkbox"/> <b>Non-Hispanic or Latino Origin</b>
<b>Race:</b>
<input type="checkbox"/> <b>American Indian or Alaskan Native</b>
<input type="checkbox"/> <b>Asian</b>
<input type="checkbox"/> <b>Black or African American</b>
<input type="checkbox"/> <b>Native Hawaiian/Pacific Islander</b>
<input type="checkbox"/> <b>White</b>