**Bright Star Ranch is licensed and certified. All staff/volunteers have also been back ground checked.**

**RIDER REGISTRATION FORM**

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Medical/Educational Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Antidote needed: Y N Antidote carried: Y N

Protocol for Emergency Treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please describe any medical condition requiring special precautions or treatment:

 \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the rider… Yes No**

Have speech or language difficulties? \_\_\_\_ \_\_\_\_

Have a history of seizures? \_\_\_\_ \_\_\_\_

Have a fear of animals/horses? \_\_\_\_ \_\_\_\_

Have a limited range of motion? \_\_\_\_ \_\_\_\_

Have decreased strength/endurance? \_\_\_\_ \_\_\_\_

Have heart/circulation problems? \_\_\_\_ \_\_\_\_

Have allergies/breathing problems? \_\_\_\_ \_\_\_\_

Have bone/joint problems? \_\_\_\_ \_\_\_\_

Have emotional/behavioral problems? \_\_\_\_ \_\_\_\_

**Photo Release**

 **I consent** to and authorize I **do not** consent to nor do I authorize

the use and reproduction by Bright Star Ranch of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

I also give consent for my photo to be published on Bright Star Ranch Facebook page or other digital/social media.

Participant Signature:

 Date:

Signature of Parent/Guardian (If volunteer/participant is under 18 years of age, **both** signatures are required.)

**Confidentiality Policy**

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Bright Star Ranch Therapeutic Riding Center and not discuss or disclose any sensitive information about any person or their family.

Participant Signature:

 Date:

Signature of Parent/Guardian (If volunteer/participant is under 18 years of age, **both** signatures are required.

**Bright Star Ranch, Inc.**

**Liability Release**

I hereby acknowledge that I am choosing to participate in the Equine Assisted Therapy Program of Bright Star Ranch Therapeutic Riding Center. I acknowledge the risks, but feel the benefits are greater than the risks. I hereby waive and release for myself, my heirs, executors, administrators, and assigns Bright Star Ranch, Inc., all of its riding personnel, its officers, directors, members, volunteers and all other persons regardless of their capacity who are in any way connected with this horseback riding and related activity, and their representatives, heirs, executors, administrators, successors, and assigns, from any and all rights, claims, loss, or liabilities of any kind or nature, including costs and attorneys’ fees, that I might have in connection therewith, to the maximum extend allowed pursuant to the laws of Louisiana, including, but not limited to, LA. R. S. 9:2795.1. Furthermore, I hereby acknowledge that said release will extend to any accidents, damages, or claims arising out of riding caused by my own acts or anyone or any animal within my control.

Signature Date

Print Name

Check One:

 Participant Volunteer Guest

 Parent or Legal Guardian for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_