

**General Horsemanship Application and Registration
Liability Release Agreement**



**River Cities
Therapeutic Riding
Center, Inc.**
Administrative Offices and Facilities:
 C/O Golden-Aire Farm
 RR 3 Box 397
 Milton, WV 25541
 (304) 743-5267
<http://rctrc.org>

GENERAL INFORMATION		
Name :(<i>Last, First, M.I.</i>)	<input type="checkbox"/> M <input type="checkbox"/> F	DOB: ____/____/____
	Weight: _____	Age: ____ yrs. ____ months
	Height: _____	
Address:		
City, State and Zip Code:		
E-mail Address:	Phone:	Alternative #:
Physician's Name:	Health Insurance Company:	
Parent/Legal Guardian:		
Address (if different from above):		
Parent/Legal Guardian's Employer:		
Phone:		
How did you hear about RCTRC?		
Have you ridden or participated in Horsemanship Lessons before? Where? What style of riding?		
PHOTO RELEASE		
I <input type="checkbox"/> DO I <input type="checkbox"/> DO NOT Consent to and authorize the use and reproduction by River Cities Therapeutic Riding Center, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the programs/services offered.		
MUST BE SIGNED IN THE PRESENCE OF RCTRC, INC. STAFF		
Client, Parent or Legal Guardian Signature: _____		
Witness RCTRC, INC. STAFF Signature: _____		
LIABILITY RELEASE		
In conformity with West Virginia law, WEST VIRGINIA CODE ANNOTATED CHAPTER 20. NATURAL RESOURCES ARTICLE 4. EQUESTRIAN ACTIVITIES RESPONSIBILITY ACT, a participant in an equestrian activity expressly assumes the risk of and legal responsibility for any injury, loss or damage to person or property which results from participation in an equestrian activity. Each participant shall have the sole individual responsibility for knowing the range of his or her own ability to manage, care for, and control a particular horse or perform a particular equestrian activity, and it shall be the duty of each participant to act within the limits of the participant's own ability, to maintain reasonable control of the particular horse or horses at all times while participating in an equestrian activity, to heed all posted warnings, to perform equestrian activities only in an area or in facilities designated by the horseman and to refrain from acting in a manner which may cause or contribute to the injury of anyone. If while actually riding in an equestrian event, any participant collides with any object or person, except an obviously intoxicated person of whom the horseman is aware, or if the participant falls from the horse or from a horse-drawn conveyance, the responsibility for such collision or fall shall be solely that of the participant or participants involved and not that of the horseman.		
A participant involved in an accident shall not depart from the area or facility where the equestrian activity took place without leaving personal identification, including name and address, or without notifying the proper authorities, or without obtaining assistance when that person knows or reasonably should know that any other person involved in the accident is in need of medical or other assistance.		

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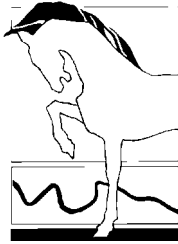


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Through the completion of this form, I acknowledge the risks and potential for risks of equestrian activities are hazardous to participants, regardless of all feasible safety measures which can be taken. However, I feel that the possible benefits to my child, my ward, or me are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assignee, executors or administrators, waive and release forever all claims for damages against River Cities Therapeutic Riding Center, Inc. , it's Board of Directors, Instructors, Therapists, and Volunteers for any and all injuries and/or losses I/they my sustain while participating in such programs.	
Initials: _____	I affirm I have read and understood this waiver completely, By signing below, and by initialing each paragraph, I agree to every term and condition of this Waiver.
Initials: _____	I wish to receive and participate in horsemanship and horseback riding training provided by RCTRC, Inc.
Initials: _____	I acknowledge and understand that I, or my ward, may fall off a horse or may be thrown off a horse. I knowingly and voluntarily accept and agree that I will not hold my RCTRC, Inc. instructor liable for my injuries, my own property damage or damage to the property of another or other loss, or death related to my learning a new activity as part of my horsemanship training. I understand and agree that an instructor may not be held liable for any injuries that his/her students suffer, as there are inherent risks in equine activities as outline in the WV Equine Liability Law.
Initials: _____	I am aware and understand that the equine, the horse, may behave in an unpredictable and irrational manner, regardless of its training or past performance. A horse may be hard to handle and can, without warning or any apparent cause, stop short, change directions or speed, shift its weight, buck, stumble, fall, rear, bite, kick, run, spook, jump obstacles, step on a person's feet, push or shove a person, fight with another horse, or make other unexpected or erratic movements. In addition, equipment may fail; saddles, cinches, girths, leathers, and/or bridles may loosen, shift or break. Any of these conditions may cause serious bodily harm or death. I understand that the above-mentioned hazards and risks are inherent in equine activities. I also understand that bodily injury or death could occur not only from equine activities, but also from other actions, including but not limited to non-riding activities such as approaching, handling, leading or walking near equines as well as other hazards and/or conditions at the training facility and immediate training area. Furthermore, I understand that the riding arena and tack storage area MAY NOT BE MAINTAINED and I expressly release RCTRC, Inc. from any liability for any negligent maintenance of these areas, including but not limited to, the instruction area, the facility and farm premises, or any natural and/or man-made conditions found at the RCTRC, Inc. facilities.
Initials: _____	I hereby agree to follow any and all safety policies, warning signs, or rules that I am advised of, either verbally or in writing, by RCTRC, Inc. In addition, I understand that I have been advised to wear a helmet and to provide a helmet for any minor children of mine that take riding instruction and ride at RCTRC, Inc. facilities. I acknowledge and agree that this helmet wearing requirement is Mandatory. I voluntarily assume the risk of injury, death, or any other loss if I fail to wear a helmet at any time during my training.
<i>MUST BE SIGNED IN THE PRESENCE OF RCTRC, INC. STAFF</i>	
Client Signature: _____	Printed Name: _____
Parent or Legal Guardian, if under 18 years of age.	
Signature: _____	Printed Name: _____
Witness RCTRC, INC. STAFF Signature: _____	
To be completed by RCTRC, Inc.	
Instructor	Date & Time of 1st Lesson:
Paid:	

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

To be completed by the participant, parent or legal guardian



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GENERAL INFORMATION		
Last Name: _____ First Name: _____ Name: <i>(Last, First, M.I.)</i>	<input type="checkbox"/> M <input type="checkbox"/> F	DOB: ____/____/____
Are you a: <input type="checkbox"/> Client <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer		Age: _____
Address:		
City, State and Zip Code:		
E-mail Address:	Phone:	Alternative #:
Physician's Name:	Preferred Medical Facility:	
Health Insurance Company:	Policy Number:	
Parent/Legal Guardian:		
Address: (if different from above)		Phone:
In the event of an emergency, contact:		
Name:		Phone:
Name:		Phone:
PERSONAL HEALTH HISTORY		
Allergies to Medications:		
Medications: (Please include prescription, over-the-counter: name, dose and frequency)		
In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of RCTRC, Inc., I authorize River Cities Therapeutic Riding Center, Inc. to:		
<input type="checkbox"/> Secure and retain treatment and transportation if needed.		
<input type="checkbox"/> Release client records upon request to authorized individual or agency involved in the medical emergency treatment.		
CONSENT PLAN		
<input type="checkbox"/> This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above in unable to be reached.		
Signature: _____		
MUST BE SIGNED IN THE PRESENCE OF RCTRC, INC. STAFF		
Client, Parent or Legal Guardian Signature: _____		
Witness RCTRC, INC. STAFF Signature: _____		
NON-CONSENT PLAN		
I do not give my consent of emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of RCTRC, Inc.		
<input type="checkbox"/> Parent or legal guardian will remain on site at all times during therapy session.		
<input type="checkbox"/> In the event emergency treatment/aid is required, I wish the following procedures to take place: x-rays, CPR, Surgery		
Signature: _____		
MUST BE SIGNED IN THE PRESENCE OF RCTRC, INC. STAFF		
Client, Parent or Legal Guardian Signature: _____		Date: _____
Witness RCTRC, INC. STAFF Signature: _____		Date: _____