

MIRACLES IN MOTION Registration and Release Form

Client _____ Date of Birth _____

Street _____ City _____ State _____

Zip Code _____ County _____ Home Phone _____

E-Mail _____

School or institution presently attending: _____

Parents or Guardian _____

Address: _____

Parent Information:

Cell Phone: _____ Work Phone _____ Employer _____

Parent Information:

Cell Phone: _____ Work Phone _____ Employer _____

In case of emergency contact: _____ Phone: _____

Or contact: _____ Phone: _____

LIABILITY RELEASE AND INDEMNITY AGREEMENT

****CAUTION: THIS IS A RELEASE. READ IT CAREFULLY.****

I, _____ (Client's Name) would like to participate in the Miracles in Motion Therapeutic Equestrian Center. (Miracles in Motion) program. I acknowledge the risks and potential for risks of horseback riding and agree to assume all risks of personal injuries and damages regarding involvement in the program. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward/ are greater than the risk assumed. Therefore, in return for being permitted to participate and intending to be legally bound, for myself, my heirs and assigns, executors or administrators, I hereby forever waive and release all claims for damages against Miracles in Motion, its Board of Directors, Landlord, Sponsors, Instructors, Therapists, Aides, Volunteers, Visitors, Employees, Agents or others on its behalf liable for any and all injuries and/or losses I / my son/ my daughter/ my ward may sustain while participating in Miracles in Motion and agree to indemnify them from all loss, expense, damages and costs they may incur by reason of any claim for damages brought against them. I have read, understand and agree to all of the terms of this liability release and indemnity agreement.

Date: _____ Signature: _____

Client, Parent, or Guardian

PHOTO RELEASE: OPTIONAL

I consent to and authorize the use and reproduction by Miracles in Motion, its advertising agencies, news, radio, and any other persons, of any and all photographs and any other audiovisual materials taken of me/ my son/ my daughter/ my ward for promotional printed material, educational activities, exhibitions, newspapers, television, brochures, pamphlets or for any other use for the benefit of the program.

Date: _____ Signature: _____

Client, Parent, or Guardian