



PROJECT R.I.D.E., INC.
REGISTRATION AND RELEASE FORM
 www.projectride.org (916) 685-7433



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)



HEALTH HISTORY

Please use this area to report any past or present health history not covered by the Participant's Medical History & Physician's Statement that was completed by the doctor.

Health information:

Any behavior or other pertinent information that you would like us to know:

Date: _____ Signature: _____

(CLIENT, PARENT OR GUARDIAN)