



Enrollment / Registration Form

Must be completed prior to student participation in program.

If payment is due please return to:

A Horse's Friend Inc.

P.O. Box 92213

Rochester NY 14692

Name: _____

Address: _____

City, State, Zip: _____

Organization: _____

Phone: _____ Date of Birth ____/____/____ Age: ____ Email: _____

For grant reporting records (circle all that apply)

Ethnicity: American Indian Asian Black Hispanic White 2+Ethnicity Other _____

Gender: Female Male Other _____

Primary Language spoken at home: Arabic Asian English Spanish Other _____

Agreement / Release:

(If under the age of 18, Parent/Guardian **Must** complete and sign the attached **Parental Release Form**)

I hereby agree to participate in 'A Horse's Friend' program. I understand the risks involved in working with and around horses. In the event of an emergency during the duration of the program, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery. I understand I am responsible for my own medical insurance and treatment costs and will not hold 'A Horse's Friend' liable for any injury/or damage to me while engaged in the program.

Signature of Participant

Date

Parental Release Form

(For participants and volunteers under the age of 18)

Name of Child:

I hereby give permission for my child to participate in 'A Horse's Friend' program. In the event of an emergency during participation in the program, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above.

I understand I am responsible for his/her own medical insurance and will not hold 'A Horse's Friend' liable for any injury or damage to my child while engaged in the program.

Parent/Guardian:

Home Telephone: _____ Cell/Work Telephone: _____

Emergency Contact: _____ Cell/Work Telephone: _____

Your relationship to participant: _____

Insurance company: _____

Does your child have any physical limitation that might affect his/her work?

List any allergies/medications:

Date of last tetanus shot:

Special needs if any:

Parent / Guardian Signature: _____ Date: _____

PHOTO RELEASE FORM

I hereby grant 'A Horse's Friend' permission to capture my image through video, photo and digital camera and to use my likeness in any and all of its publications, documents and marketing materials including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of 'A Horse's Friend' and will not be returned. I hereby irrevocably authorize 'A Horse's Friend' to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing 'A Horse's Friend' Programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge 'A Horse's Friend' from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature)

(Printed Name)

(Date)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)