



# Participant Registration & Release Form

## Person Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ ALT Phone: \_\_\_\_\_  
 Gender: M OR F Ethnicity: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Contact Numbers

1 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Discuss Emergency: Y OR N  
 Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

## Medical Conditions & Medications We Need to Know for Emergency

Allergies: \_\_\_\_\_ Primary Doctor: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Medical issues/meds in case of emergency: \_\_\_\_\_  
 Preferred Hospital: \_\_\_\_\_

Is the rider under care for medical condition or disability? Yes or No If yes, please explain.  
 \_\_\_\_\_  
 \_\_\_\_\_

## Authorization of Emergency Medical Treatment

In the event of emergency medical aid/ treatment is required due to illness or injury while being on the property, I authorize Hooves with H.E.A.R.T. company, managers, facilitators, or agents to secure and retain medical treatment and transportation, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment. Writing initials down shows that you have read and understood what was above.

Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 If 18 or under (ADULT REQUIRED) Initials: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Authorization of photos, Videos, and Publicity**

By engaging in activities/ programs at the property for either private events, as Hooves With H.E.A.R.T.; I understand that I/ my child(s) / Ward may be photographed and or filmed and I hereby give the right to take pictures, videos of me/ my child(s)/ Ward and grant the right to use all pictures and videos without compensation, for broadcast or to exhibition in any medium and to use all pictures and videos to any legitimate use without limitations or reservation. I hereby waive, release, and forever discharge the above entities against all claims or actions arising out of or resulting from any use of such pictures and or videos. Also seeking staff permission before taking any photos or videos. Writing initials below shows that you have read and understood what was above.

Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ If 18 or under (ADULT REQUIRED): Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Confidentiality policy**

At Hooves with H.E.A.R.T., we place great importance on protecting the confidential information of our clients, staff, and volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, phone numbers, addresses, emails, photos, videos, etc. as well as non-public business records of Hooves with H.E.A.R.T. Medical information about clients, any information about their disabilities or special needs, must be protected as confidential information. I shall never disclose confidential information to anyone other than the staff of the named entities. I have read and understood Hooves with H.E.A.R.T. confidentiality Policy and agree to abide by them. Writing initials below shows that you have read and understood what was above.

Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ If 18 or under (ADULT REQUIRED): Initials: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Liability Policy**

I acknowledge the risks of horseback riding and related to equine activities including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risks assumed. 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 Hooves with H.E.A.R.T., its board of Trustees, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and /or loses I may sustain while participating in activities, events or programs with the mentioned entities from whatever cause, including but not limited to the negligence of these related parties.

The undersigned acknowledges that he/she has read this registration form in its entirety; that he/she understands the terms of this release and has initialed dated and signed this voluntarily and with full knowledge of the effects thereof.

*Warning*

*Under Florida law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activity.*

*FLA.STAT. 5773.05(1993)*

Print) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

If 18 or under (ADULT REQUIRED): First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_