



*Changing the lives of people with disabilities using the movement of the horse.*

*Janie Larson, President  
Stuart Daly, Vice President*

## REGISTRATION AND RELEASE FORM Shepaug High School

REGISTRATION    ☐ Early Spring    ☐ Extended Fall    Year: 20

Student:  Date of Birth:  Age

Parent or Guardian:

Street:  City:  State:  Zip Code:

Home Phone:  Work Phone:  Cell Phone:

Is texting okay?

Email Address:

School or institution presently attending:

Please check all that apply: ☐ Speech ☐ OT/PT ☐ Behavioral Consultant ☐ Other

### **Statement of Understanding, Authorization Release, and Indemnity**

(Students Name) would like to participate in the **Little Britches Therapeutic Riding Program ("LBTR Program")** being conducted for and in conjunction with **Connecticut Regional School District 12** and the **Shepaug Agriscience Academy**. I for myself and my child/ward, acknowledge the risks and potential for risks of Equine Assisted Activities and Therapies. Inherent risk of an "equine activity" means a danger or condition that is an integral part of an equine activity, including, but not limited to, any of the following: A. The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; B. The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; C. Hazards, including, but not limited to, surface or subsurface conditions; D. Collision with another equine, another animal, a person, or an object; E. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant. F. The potential exposure to zoonotic diseases (diseases that can be transmitted from animals to humans). G. Any animal or its food/bedding has the potential to cause an allergic reaction.

I for myself and my child/ward, intending to be legally bound, for myself, my child/ward, and/or heirs and assigns, executors or administrators, do waive and release forever any potential claims for damages against Little Britches Therapeutic Riding, Inc., Connecticut Regional School District 12 and the Shepaug Agriscience Academy ( hereinafter "Indemnitees"). In return for the opportunity to participate in the LBTR program, I for myself and my child/ward hereby forever release, acquit and discharge the Indemnitees and their officers, directors, trustees, agents, employees, representatives, volunteers, affiliates, successors and assigns (collectively the "Released and Indemnified Parties") from any and all claims, demands and causes of action of any and every kind or nature, including those caused in whole or in

part by the negligence of any of the Released and Indemnified Parties, which I may now or in the future have against any or all of the released and Indemnified Parties and that arise in whole or in part as a result of my involvement with the LBTR program.

I represent that I am the parent or guardian of the Applicant whose signature appears above. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO RELEASE: OPTIONAL**

I hereby consent to and authorize the use and reproduction by **Little Britches Therapeutic Riding Program** 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 or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Rider/Parent/Guardian

**CONSENT FOR RELEASE OF INFORMATION**

I hereby authorize the release of information from the records of the above named participant. I also authorize the verbal exchange of information between Little Britches Therapeutic Riding staff and the individuals below. The information is to be released to **Little Britches Therapeutic Riding Program** for the purpose of developing a therapeutic riding/equine activity program for the above named participant. Please release any applicable information that is listed.

- |   |             |
|---|-------------|
| <input type="checkbox"/> PHYSICAL THERAPIST     | Name: _____ |
| <input type="checkbox"/> OCCUPATIONAL THERAPIST | Name: _____ |
| <input type="checkbox"/> SPEECH THERAPIST       | Name: _____ |
| <input type="checkbox"/> TEACHER                | Name: _____ |
| <input type="checkbox"/> BEHAVIOR ANALYST       | Name: _____ |
| <input type="checkbox"/> OTHER                  | Name: _____ |

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**\*PLEASE LET US KNOW IF THERE ARE ANY MEDICAL CHANGES SINCE THE PREVIOUS SESSION**

# Rider Fee Payment

## Rider fees

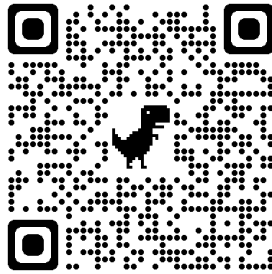
- Early Spring Session \$270
- Extended Fall Session \$285

**Take \$15 off your balance if paying with cash or check.**

**If paying by check please mail to:**

**Little Britches P.O. Box 120 Woodbury CT 06798**

PayPal



Venmo



**If your rider receives funds from a third party, please contact LB to discuss requirements for payment and to ensure a timely payment to Little Britches. (ie: generate an invoice )**

**Contact Linda at [lbctoffice@gmail.com](mailto:lbctoffice@gmail.com)**