



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

Melissa Johnson, President
Stuart Daly, Vice President
Janie Larson, 2nd Vice President

REGISTRATION AND RELEASE FORM - Tophet Road Farm

REGISTRATION ___ Spring ___ Summer ___ Fall Other _____ 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 at 30 Tophet Road Roxbury, CT. 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.

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., and Stuart Daly (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 Rider/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 name participant. I also authorize the verbal exchange of information between Little Britches therapeutic riding staff and the individuals identified 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.

___ PHYSICAL THERAPIST
Name: _____
___ OCCUPATIONAL THERAPIST
Name: _____
___ CLASSROOM TEACHER
Name: _____
___ BEHAVIOR ANALYST
Name: _____
___ 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

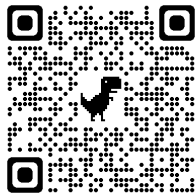
- **Spring Session \$355**
- **Summer Session \$355**
- **Fall Session \$375**

Take \$15 off your balance if paying with cash, check, or with venmo through your linked bank account or venmo balance.

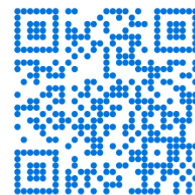
If paying by check please mail to:

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**