



Office Use Only:  
Student # \_\_\_\_\_  
S: \_\_\_\_\_ %  
Email Database: \_  
Newsletter:

*"The Spirit that Overcomes Disabilities"*  
P.O. Box 2298, Huntington Beach, CA 92647  
P: (714) 848-0966 • F: (714) 962-3770  
[info@trchb.org](mailto:info@trchb.org) [www.trchb.org](http://www.trchb.org)

## STUDENT REGISTRATION AND RELEASE

(This is a fill-in form. Please download, type and check appropriate boxes, and print.)

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Present School/Institution: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Nature of Disability** (Mandatory): \_\_\_\_\_

How did you hear about TRCHB? \_\_\_\_\_

### PHOTO RELEASE:

\_\_\_\_\_ I hereby consent to and authorize the use and reproduction by the Therapeutic Riding Center of Huntington Beach Inc. of any and all photographs and other audiovisual materials taken of me/my son/my daughter/my ward, for promotional printed material, educational activities, or for any other use for the benefit of the program.

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

(Parent, Guardian, or Adult Student)

### NON-PHOTO RELEASE:

\_\_\_\_\_ I hereby DO NOT CONSENT AND DO NOT AUTHORIZE the use and reproduction by the Therapeutic Riding Center of Huntington Beach Inc. of any and all photographs and other audiovisual materials taken of me/my son/my daughter/my ward, for promotional printed material, educational activities, or for any other use for the benefit of the program.

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

(Parent, Guardian, or Adult Student)

In consideration for the offer and acceptance of this Contract (the "Contract") by the Therapeutic Riding Center Of Huntington Beach ("TRCHB"), I/we, the parent(s) or guardian(s) of the above-named student, agree to enroll the student in the session(s) indicated below.

Initial **ALL** ten (10) week session(s) you are registering for and indicate your day/time preferences. Please be advised that dates listed include make up lessons. Dates are subject to change.

Single-click to put an x in the appropriate boxes

**(Please refer to current calendar for exact dates)**

\_\_\_\_\_ 1st Session: April - June - 10 Weeks (SPRING)

Monday \* 3:00pm \* 4:00pm \* 5:00pm  
Tuesday \* 10:00am (adults) \* 3:00pm \* 4:00pm \* 5:00pm  
Wednesday \* 3:00pm \* 4:00pm \* 5:00pm  
Saturday \* 9:00am \* 10:00am \* 11:00am \* 12:15pm \* 1:30pm \* 2:30pm  
\* 3:30pm

\_\_\_\_\_ 2nd Session: July - August - 6 Weeks (SUMMER)

Monday \* 3:00pm \* 4:00pm \* 5:00pm  
Tuesday \* 10:00am (adults) \* 3:00pm \* 4:00pm \* 5:00pm  
Wednesday \* 3:00pm \* 4:00pm \* 5:00pm  
Saturday \* 9:00am \* 10:00am \* 11:00am \* 12:15pm \* 1:30pm \* 2:30pm  
\* 3:30pm

\_\_\_\_\_ 3rd Session: September - December - 10 Weeks (FALL)

(Please note, classes do NOT meet the week of Thanksgiving)

Monday \* 3:00pm \* 4:00pm \* 5:00pm  
Tuesday \* 10:00am (adults) \* 3:00pm \* 4:00pm \* 5:00pm  
Wednesday \* 3:00pm \* 4:00pm \* 5:00pm  
Saturday \* 9:00am \* 10:00am \* 11:00am \* 12:15pm \* 1:30pm \* 2:30pm  
\* 3:30pm

\_\_\_\_\_ 4th Session: January - March - 10 Weeks (WINTER)

Monday \* 3:00pm \* 4:00pm \* 5:00pm  
Tuesday \* 10:00am (adults) \* 3:00pm \* 4:00pm \* 5:00pm  
Wednesday \* 3:00pm \* 4:00pm \* 5:00pm  
Saturday \* 9:00am \* 10:00am \* 11:00am \* 12:15pm \* 1:30pm \* 2:30pm  
\* 3:30pm

**With the impending threat of El Nino, please be advised that if TRCHB has to cancel classes/lessons due to inclement weather that CANNOT be made up during your scheduled SESSION PERIOD, you will be credited for lessons missed. Please make sure we have a current, correct email address so you can be notified of any cancellations.**

# TUITION PAYMENTS AND OTHER FEES AND CHARGES

- Fees:** Non-refundable, one-time enrollment fee: \$75.00 due with submission of completed contract.
- Payment:** ALL payments are due by the **Second** class of your student's session. If you are starting after the Session begins, all papers must be turned in and payment received before you can start lessons. If there is an issue with payment, you must contact the Treasurer. Contact information is listed on your invoice.
- 

## Please initial each item:

- \_\_\_\_\_ ALL classes are held at Huntington Central Park Equestrian Center on Monday, Tuesday, Wednesday, and Saturday. The center is located at 18381 Goldenwest St., Huntington Beach.
- \_\_\_\_\_ Parental code of conduct is signed and enclosed.
- \_\_\_\_\_ All people attending a riding class must have current vaccinations.
- \_\_\_\_\_ Group rates are based on a ten (10) week session. The single lesson rate is \$45. Payment for the session must be paid in full, as agreed above.
- \_\_\_\_\_ Due to the uniqueness of our services and the availability of our volunteers, only **one (1) make-up** lesson is allowed per ten (10) week session; to be arranged with your instructor.
- \_\_\_\_\_ No lessons on days which fall on a recognized holiday: Martin Luther King Jr. Day; Presidents' Day; Memorial Day; July 4<sup>th</sup>; Labor Day; and Veteran's Day.
- \_\_\_\_\_ Volunteers are a vital part of our program. Without them, our students do not ride. Our volunteers are trained under the direct guidance of a PATH certified instructor. They are taught to side-walk, lead, tack, and groom our horses. Volunteers are at least 13 years of age, if volunteering without a parent/guardian.
- \_\_\_\_\_ TRCHB receives no government funding. We rely solely on grants, fundraising events, individual donations, corporate donations, and a minimal tuition to meet our operating costs. Parents, family members, and friends of our students are encouraged to support TRCHB events and fundraisers using their time, talents, treasures, and/or connecting TRCHB with those who could assist us in our efforts.
- \_\_\_\_\_ If you are in need of financial assistance, TRCHB does have a limited number of scholarships available to those who qualify. Requests for a scholarship may be made in writing and submitted to: TRCHB, P.O. Box 2298, Huntington Beach, CA 92647. All scholarship requests are reviewed by the Board of Directors.
- \_\_\_\_\_ Our program has an excellent safety record. Children must be kept with you at all times. Please do not leave them unattended for any reason. Children should not be loud or run and play around the horses. Do not visit horses without permission and supervision. Your family and friends are welcome to visit, and when lessons are in progress, guests should remain in the appropriate viewing area.

# ACCEPTANCE OF CONTRACT

This Contract must be signed by the person(s) legally responsible for the student, and who will pay the tuition for the student. I/we (each parent and/or guardian who is legally responsible for the above-named student) agree to be jointly and severally liable to pay tuition, charges, and fees described in this Contract. I have read this Contract and understand and accept all of its terms and conditions, which cannot be changed except by express written consent of both parties. My signature below acknowledges approval of these terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Father, Guardian, or Adult Student)

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Mother or Guardian)

Name (Print): \_\_\_\_\_

Your enrollment will not be complete without the proper signatures requested above and the Enrollment Fee.

**Payments can be mailed to:**

Therapeutic Riding Center of Huntington Beach  
P.O. Box 2298  
Huntington Beach, CA 92647

# RIDING AGREEMENT AND LIABILITY RELEASE

By this agreement, made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, by and between \_\_\_\_\_ hereinafter referred to as "I", who resides at \_\_\_\_\_ in the city of \_\_\_\_\_

and the Therapeutic Riding Center of Huntington Beach Inc., hereinafter referred to as "TRCHB".

## IT IS HEREBY AGREED TO AS FOLLOWS:

That I, the undersigned, do for myself or on behalf of my child or legal charge, hereby voluntarily request to participate in therapeutic riding at TRCHB, and that, I, my child or legal charge, will either ride his or her own horse, or horses provided by TRCHB for therapeutic purposes, which I expressly acknowledge are by their nature supplemental and complementary to, and not primary to, conventional therapy which I may or may not be currently participating in. **Initials** \_\_\_\_\_

The parent, or guardian, and student understand that horses are extremely powerful and unpredictable by nature, that when frightened, angry, or under stress, a horse will follow its natural instincts, and that a rider may fall to the ground. I understand these risks and I voluntarily assume these risks and dangers. **Initials** \_\_\_\_\_

That parent, or guardian, and student understand that upon mounting the horse, that TRCHB is not responsible for the results of the student's actions or inactions. The student further agrees not to abuse, misuse, or deliberately agitate the horse. **Initials** \_\_\_\_\_

That I have been advised and agree that students will wear a TRCHB approved riding helmet with a chin strap fastened in place when in and around the horses and stable (helmet provided by TRCHB). **Initials** \_\_\_\_\_

## LIABILITY RELEASE:

That I understand that, except in the event of TRCHB's wanton and willful negligence, I am responsible for bodily injury or property damage which I or my child or legal charge should sustain on TRCHB's premises and/or while riding a horse and/or while in transit to or at horse shows, trail rides, or similar expeditions, and for any time I or my child or legal charge shall lose from employment or school or other activity and for medical expenses or any other expenses incurred because of such bodily injury or property damage; and that I hereby, for myself, my heirs, administrators and assigns release and discharge the owners, operators, and sponsors of TRCHB and their respective servants, agents, volunteers, officers, employees, and all other participants of and from all claims, demands, actions, and causes of action for such injuries sustained to my person or that of my child or legal charge and/or property. **Initials** \_\_\_\_\_

That this agreement is entered into in the State of California and will be interpreted and enforced under the laws of that state. **Initials** \_\_\_\_\_

Upon the signing of this agreement, student, parent, or legal guardian agrees to be bound to TRCHB's rules. **Initials** \_\_\_\_\_

I, THE UNDERSIGNED BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ANY SUBSTANCE, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE. Any details of medical conditions are listed on the Student Medical History and Physician Statement.

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

(Parent, Guardian, or Adult Student)

# AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/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 the Therapeutic Riding Center of Huntington Beach Inc. to:

1. **Secure and retain medical treatment and transportation if needed.**
2. **Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.**

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In the event I cannot be reached, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

I further understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future payment of incurred bills.

## Initials

That the student is currently independently covered by his or her own accident/medical insurance and will remain insured for the duration of all riding instruction at TRCHB. **Initials** \_\_\_\_\_

## CONSENT PLAN:

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the contacts listed above are unable to be reached.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent, Guardian, or Adult Student)

Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## NON-CONSENT PLAN:

\_\_\_\_\_ **I DO NOT** give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

In the event emergency treatment/aid is required, I wish the following procedure(s) to take place: \_\_\_\_\_

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent, Guardian, or Adult Student)

Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



## CONSENT FOR RELEASE OF INFORMATION

I hereby authorize (name of physician/facility) \_\_\_\_\_  
to release information from the records of (student) \_\_\_\_\_. The information is  
to be released to the Therapeutic Riding Center of Huntington Beach Inc. for the purpose of developing a  
Therapeutic Riding Program for the above named student.

The information to be released is marked below:

- \_\_\_\_\_ Medical History
- \_\_\_\_\_ Physical Therapy evaluation, assessment, and program plan
- \_\_\_\_\_ Occupational Therapy evaluation, assessment, and program plan
- \_\_\_\_\_ Speech Therapy evaluation, assessment, and program plan
- \_\_\_\_\_ Classroom Individual Education Plan (I.E.P.)
- \_\_\_\_\_ Other

I, THE UNDERSIGNED BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER  
THE INFLUENCE OF ANY SUBSTANCE, HAVE READ AND UNDERSTAND THE FOREGOING  
AGREEMENT AND RELEASE. Any details of medical conditions are listed on the Student Medical History  
and Physician Statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent, Guardian, or Adult Student)

Please send indicated material to: Therapeutic Riding Center of Huntington Beach  
P.O. Box 2298  
Huntington Beach, CA 92647  
Ph: (714) 848-0966  
Fax: (714) 962-3770  
[info@trchb.org](mailto:info@trchb.org)

# STUDENT MEDICAL HISTORY & PHYSICIAN STATEMENT

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

## Diagnosis/Nature of Disability:

To my knowledge there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the Therapeutic Riding Center will weigh the medical information on this form against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed, credentialed health professional (e.g. MD, PT, OT, Speech, Psychologists, etc.) in the implementing of an effective equestrian program. I understand that horses are unpredictable by nature and that in spite of all precautions, a fall from 3 to 7+ feet is possible.

Physician's Name (Please print): \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## Prescription for evaluation and treatment by a Physical, Occupational, and/or Speech Therapist and an instructor of the Therapeutic Riding Center of Huntington Beach:

Physician's Prescription: \_\_\_\_\_

Student Name: \_\_\_\_\_

Recommended Frequency: \_\_\_\_\_

Precautions: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*This form to be completed by physician and returned with completed application\*\***

In order to place a student in the right class and design a progressive lesson plan, we need to know as much about the student as possible. Some of the following conditions may represent precautions or contraindications to therapeutic horseback riding. Please read the section below and with physician's input, CIRCLE any problem areas.

Allergies	Heart condition	Malformation	Recent surgery	Tethered cord
Atlantoaxial instabili-	Hemophilia	Mental impairment	Scoliosis	Visual
Auditory	Heterotopic ossification	Neurological	Seizures	
Cancer	Hip subluxation/disloca-	Orthopedic	Speech	Other
Cardiac	HIV	Osteogenesis imperfecta	Spina bifida	
Chiari II	Hydrocephalus	Osteoporosis	Spinal fusion	
Circulatory	Hydromyelia	Paralysis	Spinal injury	
Coxas arthrosis	Hypertension	Pathologic fractures	Spinal instabili-	
Cranial deficits	Kyphosis	Peripheral vascular dis-	Spinal orthosis	
Diabetes	Lordosis	Psychological impairment	Stroke	

---

Other: please describe below

---

How many times has the prospective student ridden in the last 2 years?

**Learning Disability:**

\_\_\_\_\_Dyslexia  
 \_\_\_\_\_Attention Deficit  
 \_\_\_\_\_Hyperactivity

Other: \_\_\_\_\_

Explanation of "Other"

**Down syndrome:** \_\_\_\_\_Negative X-ray for Atlantoaxial Instability    Date: \_\_\_\_\_  
 \_\_\_\_\_Negative for clinical symptoms of Atlantoaxial Instability

**Tetanus:** Date of last vaccination: \_\_\_\_\_

**Measles/Mumps/Rubella (MMR):** Date of last vaccination: \_\_\_\_\_

**Seizure Information:** Seizure type: \_\_\_\_\_

Controlled? \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Mobility:** Independent Ambulation: \_\_\_\_\_ Crutches/Braces: \_\_\_\_\_ Wheelchair: \_\_\_\_\_

**Other special precautions:** \_\_\_\_\_

**For any area circled or checked, please give comments and degree of severity on an additional page.**



---

# **THERAPEUTIC RIDING CENTER OF HUNTINGTON BEACH**

## **ADULT CODE OF CONDUCT (PARENT, ADULT STUDENT, VOLUNTEER)**

**Adopted: March 1, 2014**

The objective of Therapeutic Riding Center of Huntington Beach (herein known as TRCHB) is to inspire students with physical and developmental challenges, regardless of race, color, creed, or national origin, to practice the ideals of health, citizenship, and character; to bring our students closer together through the means of a common interest in equine therapeutic activities, fair play, and fellowship; to impart to the equine therapeutic game elements of safety, sanity, and intelligent supervision; and to keep the welfare of the student first, foremost, and entirely free of adult interference. (Therapeutic Riding Center of Huntington Beach Official Rules, Article 1, Statement of Principles.)

**In order to keep the program free of adult interference and other adult conduct which is detrimental to the ideals of student equine therapeutic riding, parents and guardians of students as well as all adults connected with or who participate in the TRCHB Program, must adhere to the following standards of conduct as it pertains to any interaction with instructors, volunteers, TRCHB, members of the TRCHB Board of Directors (herein known as Board Member), and other parents involved in the program:**

1. Do not argue with or criticize the students, instructors, volunteers, or TRCHB in front of spectators by word of mouth or gesture, but reserve constructive criticism for private meetings with the person who is the object of the constructive criticism.
2. Do not argue with or criticize the students, volunteers, instructors, TRCHB by word of mouth or gesture.
3. Do not use abusive or profane language before or towards any person connected to TRCHB during any equine therapeutic activities.
4. Do not physically or verbally abuse anyone in the TRCHB program.
5. Do not incite the student so that it causes poor behavioral conduct.
6. Do not seek to undermine the authority of TRCHB, and any Board Member through word of mouth or deed.
7. Do not arrive late to a lesson. After 15 minutes, your lesson is terminated.
8. Do accept decisions of TRCHB staff, and any Board Member as being fair and made to the best of TRCHB and Board Members' ability given their volunteer status.
9. Do set an example by your personal conduct at all times in front of all persons connected with the TRCHB program.
10. Do not bring your child sick to lessons. If TRCHB instructors feel your child is sick, they have the right to ask you to leave.
11. By not signing this Adult Code of Conduct contract, you have elected not to participate yourself (if applicable) with your child/children and/or volunteer in the TRCHB program.

**The violation of any portion of these rules relating to the Adult Code of Conduct will subject the violating individual to any one or all of the following penalties:**

## PENALTIES

---

Disqualification from TRCHB or taking part in any aspect of TRCHB. The disqualification can be for a lesson, lessons, session, or ineligibility for any future period of time.

The participating student who is related to the adult in violation of rule or rules contained in the Adult Code of Conduct may be suspended for any number of lessons; may be placed on probation; or may be excluded from further participation in TRCHB.

## HEARINGS

---

If a complaint is registered with the TRCHB President regarding an alleged violation of the Code of Conduct, it will be investigated initially by the TRCHB President. If the TRCHB President, in his or her sole discretion, determines that there is some minimum amount of evidence that the Adult Code of Conduct has been violated, the offending adult will receive written notice of the alleged violation and will be invited to attend a regular or specially called meeting of the TRCHB Board of Directors upon not less than seven (7) days telephonic notice. At the meeting, the allegations against the offending individual will be presented and the offending individual will thereafter have the opportunity to present evidence to the contrary or to refute the allegations. No hearing shall be conducted for a period of time in excess of one (1) hour. At the conclusion of the hearing, all individuals with the exception of the TRCHB Board will be excused from the room. Thereafter, the Board will consider the matter in Executive Session and will render a written decision within ten (10) days. The written decision will specify the date upon which any disqualification, suspension, probation, or disbarment will take place, as well as the end date of the penalty, if any.

PARTICIPANT NAME:	DATE:				
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">STUDENT PARENT</td> <td style="width: 25%; border: none;">VOLUNTEER</td> <td style="width: 50%; border: none;">PARENT(S) or GUARDIAN(S) of MINOR CHILD</td> <td style="width: 10%; border: none;">SINGLE</td> </tr> </table>	STUDENT PARENT	VOLUNTEER	PARENT(S) or GUARDIAN(S) of MINOR CHILD	SINGLE	
STUDENT PARENT	VOLUNTEER	PARENT(S) or GUARDIAN(S) of MINOR CHILD	SINGLE		
<b>THE FOLLOWING REQUIRES ADULT STUDENT, VOLUNTEER, PARENT(S), OR GUARDIAN(S) SIGNATURES: LEGAL</b>					
<b>MOTHER / LEGAL GUARDIAN NAME (PRINT):</b>					
MOTHER / LEGAL GUARDIAN SIGNATURE:	X				
<b>FATHER / LEGAL GUARDIAN NAME (PRINT):</b>					
FATHER / LEGAL GUARDIAN SIGNATURE:	X				
<b>ADULT STUDENT NAME (PRINT):</b>					
ADULT STUDENT SIGNATURE:	X				
<b>VOLUNTEER NAME (PRINT):</b>					
VOLUNTEER NAME SIGNATURE:	X				

**NO FORM-NO LESSONS. THIS INCLUDES PARTICIPATION IN ANY AND ALL TRCHB EVENTS.**



**HUNTINGTON CENTRAL PARK EQUESTRIAN CENTER**

**RELEASE FORM**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent if under 18: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Phone/Cell No. \_\_\_\_\_

Additional Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**GENERAL RELEASE**

I/we hereby agree to assume all responsibility and risk from the participation in equestrian activities at HCPEC and further agree to hold harmless all instructors, teachers, trainers, employees, and the City of Huntington Beach free from all damages or liability for any injury or death to person(s) or property arising as a result of this participation.

I/we understand by signing below that horses are animals that can be dangerous and unpredictable at any given time.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

**CONSENT TO EXAMINATION AND/OR TREATMENT**

The undersigned, parents of the applicant (minor), do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said applicant or minor under the general or specific instruction of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment which may be required, but is given to encourage the HCPEC staff, hospital staff, and such physician to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals, ambulances and other medical charges reasonable and necessarily incurred.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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