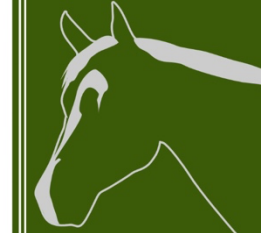


# Living Hope Equine Therapy



## Living Hope Equine Therapy Participant Registration Form

Please print clearly

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

Client	D.O.B.	Age
Street	City	State/Zip County
Phone	Diagnosis	
Parent 1/Guardian	Address (if different)	
Home Phone	Cell Phone	Work Phone
Preferred Contact Method (circle one)	Home phone	Cell Call / Text Email
Email Address		
Parent 2/Guardian	Address (if different)	
Home Phone	Cell Phone	Work Phone
E-Mail Address		
Additional Emergency Contact Name and Phone		
Responsible Party		
Preferred Invoice Delivery Method (circle one and identify correct address/email address)	US Mail	Email

NOTICE REGARDING INSURANCE: I hereby acknowledge that Living Hope Equine Therapy is a non-participating provider with Medicare and all other insurance companies and does not direct bill; therefore, I am responsible for billing my insurance. I am also responsible for any charges that are not covered by my insurance carrier.

\_\_\_\_\_ Signature (parent or guardian if minor client)

LIABILITY RELEASE:

\_\_\_\_\_ would like to participate in the Living Hope Equine Therapy program. I acknowledge the risks and potential hazards of horseback riding; however, I feel that the possible benefits to myself/my son/my daughter/my ward 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 Living Hope Equine Therapy, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees, for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Living Hope Equine Therapy programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent or guardian if minor client)

PHOTO RELEASE (check box and sign):

- I hereby consent to and authorize the use and reproduction by Living Hope Equine Therapy 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 or for any other use for the benefit of the program.
  
- I hereby DO NOT consent to the use and reproduction by Living Hope Equine Therapy 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 or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent or guardian if minor client)

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE & REMEDIES CODE) A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

Please return completed forms in person, by mail, or by email at:

Living Hope Therapy Center  
New Participant Registration  
408 Hogans Dr.  
Trophy Club, TX 76262  
tammi.livinghope@outlook.com