



C 2 IT, LLC @ CIRCLE C

Equine Assisted Therapy

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REGISTRATION AND RELEASE FORM (PLEASE PRINT CLEARLY)

Participant Name: _____ Date of Birth _____

Street: _____ City: _____

Zip: _____ Cell Ph: _____ Home Ph: _____

Work Ph: _____ E-mail Address _____

(Check all that apply) The above is a...Lesson Student____, Boarder____, Parent of Student____, Volunteer____, Sitter/Nanny____, Sister/Brother of Student,____, Other: _____

Name of Parent/Guardian/Caregiver : _____ Phone: _____

IN CASE OF EMERGENCY:

Contact Name/Relation: _____ Phone: _____

SAFETY RELEASE: I agree to abide by all NAHRA and EAGALA rules while riding on the property, including, but not limited to wearing a helmet when riding a horse.

EMERGENCY MEDICAL RELEASE: In case of an emergency, (check one) I ___ give permission ___ do not give permission to C2It, LLC to secure medical treatment including x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital service rendered under the general or specific instructions of any physician or hospital. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and other medical expenses reasonably and necessarily incurred.

PHOTO RELEASE: (Check one) ___I authorize ___I do not authorize the use and reproduction by C2It, LLC of any photographs and other audio/visual materials taken for promotional and educational uses, exhibitions or for any other uses for the benefit of C2It, LLC.

BACKGROUND CHECK RELEASE for Volunteers

C2It, LLC reserves the right to perform background checks on any volunteer or staff. I give C2It, LLC permission to do a background check. (Check for yes: _____)

LIABILITY RELEASE: I acknowledge the risks and potential risks of a horseback riding program, including risk of bodily injury or death resulting from kicks and bites, falling off horses or horse falling on rider, being dragged by a foot caught in the stirrups, being thrown by horse, equipment failure or collision with horses or vehicles or other inanimate objects. However, I feel the possible benefits to my family or the child I care for are greater than the risk 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 C2It, LLC, its board of directors, instructors, therapists, volunteers and/or Employees for any and all injuries and/or losses I may sustain as a result of use of C2It, LLC's property, equipment, or facilities.

WARNING: Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

I have read the above releases and give Emergency Medical, Photo, Background Check, and, Liability consent and release as indicated above:

Signature: _____ Date _____ Print Name _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOUR PARENT OR GUARDIAN MUST SIGN THIS FORM.