



**Thorncroft Equestrian Center 190 Line Road, Malvern, Pa 19355**

610.644.1963 Fax: 610.644.9342

[www.thorncroft.org](http://www.thorncroft.org)

10/10/08

**INFORMATION and LIABILITY**

Data Base Entry Date/Initials

(Please complete in ink)

Your relationship with Thorncroft is as a  Student  Volunteer  Staff (please check appropriate box(s)).

Your Name: \_\_\_\_\_ YOUR D.O.B.: \_\_\_\_\_

*If under 18:* Father, Mother, Guardian (please circle): \_\_\_\_\_

SPOUSE: \_\_\_\_\_ Preferred Salutation (please circle): Mr.; Mrs.; Mr. & Mrs.; Ms.; Other: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT**

Parent(s)/Spouse/Guardian/Caregiver (please circle): \_\_\_\_\_ Contact Number: \_\_\_\_\_

**LIABILITY RELEASE**

In consideration of accepting \_\_\_\_\_ (name) in the riding program, or any other activity at Thorncroft, I understand that horses are unpredictable by nature and I voluntarily assume the risks and dangers involved. I hereby, intending to be legally bound, for myself, my heirs, executors or administrators, waive and release all claims for damages I may have against Thorncroft Therapeutic Horseback Riding, Inc., its Owners, Instructors, Volunteers, Aids, and or Employees for any and all injuries and or loses.

Respecting the ability of our horses, we are unable to provide services to riders with a weight of over 200 pounds.

**MEDICAL RELEASE**

The above student hereby (check one) "Consents \_\_\_\_\_", "Does not consent \_\_\_\_\_" to any medical, dental, or surgical treatment or procedure of an emergency nature that is reasonably necessary to save the life of the person named above or to restore the person to health.

I 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.

**HELMET REQUIREMENT & SUGGESTED RIDING ATTIRE**

An ASTM-SEI approved helmet is required while mounted. I have been advised to wear hard soled shoes and pants in and around the stables and while working with or riding horses, so as to help prevent horse-related injuries. (Open toe shoes are not allowed in the stable area).

**INSURANCE**

The above named student carries accident/medical insurance: yes  no , Name of insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

**PHOTO RELEASE**

The above named student hereby (check one) "Authorizes \_\_\_\_\_", "Does not authorize \_\_\_\_\_" the use and reproduction by Thorncroft Therapeutic Horseback Riding, Inc. of any and all photographs taken for promotional and or printed materials.

**POLICY OF CONFIDENTIALITY**

All information including but not limited to, personal, medical, and financial documents are confidential among all participants, volunteers, and staff. Confidentiality is considered one of the most basic responsibilities of our farm.

**ACCEPTANCE OF ABOVE POLICIES**

I have read, understand and will respect Thorncroft's policies as they pertain to  
ξRelease of Liability ξPhoto Release ξPolicy of Confidentiality ξLesson/payment and ξBilling.

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

(Signature of student, parent or guardian)

*If this is a student release, please note below the Name & Address of the Person/Organization responsible for payment of lessons:*

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

*Thank you for returning a signed copy of this agreement to our*

*Office Manager, Doreen Garland or Volunteer Coordinator Lauren Jendrasiak before you participate in any program.*