



Thorncroft Equestrian Center
190 Line Road, Malvern, Pa 19355 Phone: 610.644.1963 Fax: 610.644.9342

www.thorncroft.org

____9/10rev_____ **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, Thorncroft is 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 POLICIES (please see back)

I have read, understand and will respect Thorncroft's policies as they pertain to
 ξ Release of Liability ξ Photo Release ξ Policy of Confidentiality ξ Lesson/payment and ξ Billing.

Signed: _____ Date: _____
 (Signature of student, parent, guardian or volunteer)

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 the front office before you participate in any program.

VOLUNTEER HISTORY

PLEASE CHECK ALL THAT MAY APPLY

I am available to volunteer: _____ Mornings _____ Afternoons _____ Evenings

I am available on a limited basis: (Please indicate your availability ie, Spring Break, Summer Vacation, etc.)

I would like to help with: _____ Lessons _____ Horse Shows _____ Specialty Groups (Timothy School, etc)

_____ Dressage at Devon (September/October) _____ Summer Camp (6 weeks in July/August)

_____ "HRE" of the Devon Horse Show (Memorial Day Weekend) _____ Victory Gallop Dinner (April)

My experience has been

__ None __ A Little __ I have had lessons & am comfortable __ Extensive, I am a "horse person"

History (for office use)
