



CHILDREN'S FOUNDATION FOR EQUINE ASSISTED THERAPY, INC.
EIN 87-0735538
19535 Sea Pines Way
Boca Raton, FL 33498
Phone 561-350-7939 - Website www.childrensfeat.org
E-Mail: anke@childrensfeat.org

REGISTRATION AND RELEASE FORM FOR SOCIAL GROUPS

Childs Name _____ Date of Birth _____ Age _____
 Weight _____ Height _____ Disability _____
 Address _____ City _____
 State/Zip _____ Home Phone _____ Cell Phone _____
 E-mail address _____
 Parent/Guardian/Care Giver _____ (Please circle which one)
 Address _____
 State/Zip _____
 Home Phone _____ Work Phone _____
 School or Institution presently attending _____
 Teacher's Name _____ Grade _____

I would like to enroll my child in:

Group Nr. _____ Day _____ Time _____

PHOTO RELEASE _____ I hereby consent to and authorize
 _____ I do not consent to nor do I authorize

The use and reproduction by Children's F.E.A.T. of any and all photographs and other audiovisual materials taken of me for promotional printed material, educational activities, exhibitions or for other use for the benefit of the program.

Date _____ Signature _____
 (Rider or Parent/Guardian)

LIABILITY RELEASE (Required) _____ (Name)

would like to participate in the Children's F.E.A.T. Program I acknowledge the risks and potential for risks of horseback riding and equine assisted activities. However, I feel that the possible benefits to myself/my child/my ward are greater than risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, administrators, waive the release forever all claims for damages against Children's F.E.A.T., its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in the program.

Date _____ Signature _____
 (Rider or Parent/Guardian)