



Participant Application/ Photo Release/Liability Release

Mail To:
Simple Changes
P.O. Box 991
Lorton, VA 22199

GENERAL INFORMATION

Participant Name: _____ DOB: _____
Weight: _____ Height: _____ Age: _____ Gender: M F Home # _____ Cell # _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail Address _____
Participant's Diagnoses/Date of Onset: _____
1. Parent/Guardian's Name: _____ Relation: _____
Employer/ Job Title: _____ Work #: _____
2. Parent/Guardian's Name: _____ Relation: _____
Employer/Job Title: _____ Work #: _____
Caregiver: _____ Phone: _____
Address (if different than above) _____

PHOTO RELEASE

I **DO** **DO NOT** consent to and authorize the use and reproduction by Simple Changes, Inc. of any and all photographs and any other audio/visual materials taken of me/ my son/ my daughter/ my ward/my guests for promotional material, educational activities, exhibitions or for any other use for the benefit of Simple Changes, Inc., the Therapeutic Riding Association of Virginia, Simple Changes Farm, LLC, and/or Professional Association of Therapeutic Horsemanship, International.

Signature: _____ Date: _____
Participant (if over 18), Parent or Legal Guardian

Subsequent Year Initials: _____ Date: _____ Subsequent Year Initials: _____ Date: _____
Participant (if over 18), Parent or Legal Guardian Participant (if over 18), Parent or Legal Guardian

RELEASE OF LIABILITY

Participant's Name _____ would like to take part in activities at Simple Changes, Inc. I acknowledge the risks and potential for risks of horseback riding and related activities. However, I feel that the possible benefits to me/ my son/ my daughter/ my ward/my guests are greater than the risk assumed. I hereby, intend to be legally bound for myself/ my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Simple Changes, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, Employees, Contributors, Horse Owners, and/or Simple Changes Farm, LLC, for any and all Injuries and/or losses I/ my son/ my daughter/ my ward/my guests may sustain while participating in activities at Simple Changes, Inc.

Signature: _____ Date: _____
Participant (if over 18), Parent or Legal Guardian

Subsequent Year Initials: _____ Date: _____ Subsequent Year Initials: _____ Date: _____
Participant (if over 18), Parent or Legal Guardian Participant (if over 18), Parent or Legal Guardian