



# Kiddy Up Ranch Therapy and Learning Academy

## Registration Paperwork

### Hooves and Tales Horse Powered Reading and Math

(Please write clearly in ink)

Participant Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt#: \_\_\_\_\_

E-mail address: \_\_\_\_\_

[ ] Parents or [ ] Guardian: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Relationship to Camper: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Photo Release

I hereby consent to and authorize the use and reproduction by Kiddy Up Ranch and the City of Hudson of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Adult Signature: Parent or Legal Guardian for Minor Child)*

#### RELEASE AND HOLD HARMLESS AGREEMENT

WARNING UNDER FLORIDA 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.

WHEREAS, the UNDERSIGNED acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding, driving or being in close proximity to horses and other animals, among other risks, and further, that both horse and participant can be injured in normal use or in competition and schooling.

IN CONSIDERATION, therefore, for the privilege of riding and working around horses at KIDDY UP RANCH. The Undersigned does hereby agree to hold harmless and indemnify TAMMY SLIGER AND/OR THE OWNER OF ANY HORSE USED BY KIDDY UP RANCH and release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises of Kiddy Up Ranch, Hudson, FL.

Participant Signature \_\_\_\_\_

Parent's Signature required if under 18: \_\_\_\_\_

# Kiddy Up Ranch Therapy and Learning Academy

## Participant Release Form please write clearly in ink.

Participant Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### UNCONDITIONAL GENERAL RELEASE

**WARNING-UNDER FLORIDA 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.**

I, \_\_\_\_\_, a participant, client, volunteer, or student or the legal guardian of a participant, client, volunteer, or student a program, event, or activity taking place under the sponsorship of or at the facilities of **Kiddy Up Ranch**, a Florida not for profit corporation ("Kiddy Up"), hereby give consent and approval to the participation of Participant in any and all programs, events, or activities taking place under the sponsorship of or at the facilities of Kiddy Up ("Activities"). I fully understand that my decision to be a Participant, or to allow such person named above to be a Participant, poses risks of personal injury, property damage, death and/or other loss that may arise while participating in the Activities. I assume all risk and hazards incidental to the conduct of the Activities as well as transportation to and from all Activities. In consideration of Participant's being allowed to participate in the Activities, on behalf of Participant, Participant's heirs, personal, or legal representatives, successors and assigns, I hereby irrevocably and unconditionally release, and covenant not to sue Kiddy Up, the City of Hudson, and each of Kiddy Up and the City of Hudson's owners, directors, officers, employees, agents, independent contractors, representatives, attorneys, successors, and assigns, and all persons acting by, through, under, or in concert with, any of them (collectively the "Releasees"), from any and all claims or causes of action whatsoever, in law or in equity, whether known or unknown at this time, based on any action, cause or thing occurring on, prior to, or following the date hereof, and, in particular, without limiting the generality of the foregoing, all claims arising out of or relating to the Activities, even if such liability or damage results from the sole negligence of the Releasees.

I understand and agree that this document shall be construed according to the laws of the State of Florida, and that this Unconditional General Release shall be as broad and inclusive as is permitted by the laws of the State of Florida. If any portion of this document is held to be invalid or of no force or effect, I agree that the balance shall continue in full force and effect. This Unconditional General Release shall be immediately effective upon its execution.

**I HAVE READ AND UNDERSTAND THIS DOCUMENT DATED** this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Signature of [ ]Participant, [ ]Parent or [ ]Legal Guardian \_\_\_\_\_

Printed Name of [ ]Participant, [ ]Parent or [ ]Legal Guardian \_\_\_\_\_

## Introductory Questions

1. Does the participant have previous horse experience? YES NO  
If yes, please describe \_\_\_\_\_  
\_\_\_\_\_
2. What are your educational goals?  
\_\_\_\_\_  
\_\_\_\_\_
3. Does the participant have specific reading goals? Please describe:  
\_\_\_\_\_  
\_\_\_\_\_
4. Does the participant have specific math goals? Please describe:  
\_\_\_\_\_  
\_\_\_\_\_
5. Does the participant have any special needs that our staff needs to be aware of? Please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_