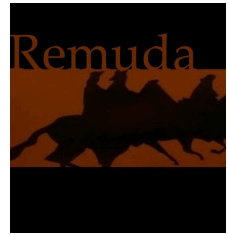


Remuda Horsemanship Program

REGISTRATION & CONSENT FORM



Name _____ Date of Birth _____

Address: _____

Phone: _____

Email: _____

If participant is under 18 or part of a school funded program

School: _____ Grade: _____

Parent/Guardian's

Name: _____

Phone: _____ Cell: _____

Email: _____

Referred By: _____

Consent Agreement

I HEREBY RELEASE THE Remuda Horsemanship Program, Its employee's or volunteers from all responsibility for any death, injury, loss or damage of any kind, suffered while participating Remuda Horsemanship Program or event, unless such injury, loss or damage is determined the result of negligence by the Remuda Horsemanship staff.

I acknowledge that I have read and understood this consent and release, and that I understand, appreciate and accept the risks associated with participation in the Program(s) or Event(s), registered.

Signature of Participant _____

Printed name of participant _____

Parent/guardian (if participant is under 18) _____

Printed name of parent _____

Date: _____

Remuda Horsemanship Program