

CHASTAIN HORSE PARK REGISTRATION AND RELEASE FORM
(PLEASE PRINT CLEARLY)

Participant Name: _____ Date of Birth _____ Home Phone: _____

Street: _____ Cell Phone: _____

City/State: _____ Zip: _____ Work Phone: _____

(Check) The above is a... Lesson Student Boarder Parent of Student Volunteer Sitter/Nanny
 Sister/Brother of Student Other: _____

E-mail Address _____

Attendance Information and/or Hours _____

Chastain Horse Park Instructor/Trainer or Therapist Name _____

If Applicable, Parent/Guardian/Caregiver Name: _____ Phone: _____

IN CASE OF EMERGENCY:

Contact Name/Relation: _____ Contact Phone: _____

Contact Name/Relation: _____ Contact Phone: _____

MEDICAL RELEASE:

In case of an emergency, I (check one) [give permission] [do not give permission] to Chastain Horse Park to secure medical treatment including x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital service rendered under the general or specific instructions of any physician or hospital. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and other medical expenses reasonably and necessarily incurred.

PHOTO RELEASE:

(Check one) [I consent to and authorize] [I do not consent to nor authorize] the use and reproduction by Chastain Horse Park of any and all photographs and any other audio visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

LIABILITY RELEASE:

I acknowledge the risks and potential risks of a horseback riding program, including risk of bodily injury or death resulting from kicks and bites, falling off horses or horse falling on rider, being dragged by a foot caught in the stirrups, being thrown by horse, equipment failure or collision with horses or vehicles or other inanimate objects. However, I feel the possible benefits to my family or the child I care for are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Chastain Horse Park, its board of directors, instructors, therapists, volunteers and/or Employees for any and all injuries and/or losses I may sustain as a result of use of Chastain Horse Park property, equipment, or facilities.

WARNING: Under Georgia 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, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

I HAVE READ THE ABOVE RELEASES AND GIVE EMERGENCY MEDICAL, PHOTO, and LIABILITY CONSENT AS INDICATED ABOVE:

Signature: _____ Date _____

Print Name: _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOUR PARENT OR GUARDIAN MUST SIGN THIS FORM BEFORE YOU RIDE OR WORK AROUND HORSES.

MAIL TO: 4371 Powers Ferry Road Atlanta GA 30327
OR FAX TO: 404-252-1106. If onsite, place in brass drop box beside the Clubhouse's front door.

