



Beekman Therapeutic Riding Center  
Community and Therapeutic Riding

*Hands on Horses*

**PRIVATE STUDENT REGISTRATION FORM – PLEASE PRINT**

**This form is confidential and is good for two years. Students who are minors or have guardians must have a physician’s referral on file along with this form.**

---

<b>Student Name</b>	<b>Date of Birth</b>	<b>Height</b>	<b>Weight</b>
---------------------	----------------------	---------------	---------------

---

**Student Address**

---

<b>Parent or Guardian Name</b>	<b>Email</b>
--------------------------------	--------------

---

**Phone numbers with area code**

<b>Home</b>	<b>Work</b>	<b>Cell</b>
-------------	-------------	-------------

**RELEASE OF LIABILITY**

I/we are aware and acknowledge the inherent dangers, hazards, and risks associated with equine/horse activities. I/we understand that the inherent risks of equine activities are dangerous conditions that include but are not limited to: 1) The propensity of any horse or equine to behave in ways that may result in injury, harm or even death to persons on or around them and/or damage to property in their vicinity; 2) The unpredictability of a horse or equine’s reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals; 3) The horse or equine’s response to certain hazards such as surface and subsurface objects; 4) Collisions with other horses, equines, animals, people, and objects; 5) The potential of any participant to act in a negligent manner that may contribute to injury to the participant or others, such as falling to maintain control over the horse or equine or to fail to act within his or her ability.

I/we assume these risks and accept the consequences involved in the participation of the student registered on this form. I/we accept the responsibility for complying fully with all safety regulations and practices.

I/we have read and fully understand the content of this release of liability and agree to comply with the intent to hold harmless or to indemnify BTRC or Lansing Public Schools Education Advancement Foundation (LEAF) or the Lansing School District, their staffs, volunteers or any other individuals and/or organizations involved, from any liability or injury that may result from the participation in activities in this program.

---

<b>Signature of Parent or Guardian</b>	<b>Date of Signature</b>
--	--------------------------

**PHOTO & VIDEO RELEASE AUTHORIZATION**

I/we authorize the appropriate use of any photographs or video footage of the student on this form. Images may be used on the BTRC Website, Facebook Page, or in public media, like newsletters, newspapers, brochures or magazines. Full names are NOT released with the images.

---

<b>Signature of Parent or Guardian</b>	<b>Date of Signature</b>
--	--------------------------