TOMORROW'S EQUESTRIAN CENTER, INC.

RIDER'S REGISTRATION AND RELEASE FORM

Rider:		Date of Birth:	Age:
			State:
Zip Code:	Home Phone:	Work:	Emergency:
Parents or Guardian:			
			Phone
School or Institution J	presently attending:		
In case of emergency	Contact:		Phone
	Contact:		Phone
E-mail Address:			
LIABILITY RELEA	<u>ase</u>		
successors, and assignments whatsoever which the	gns, for all manner of ne undersigned of said an Center, Inc,. their of	claims, demands, and dar rider or minor may now	ents, employees, representatives, mages of every kind and nature v, or in the future, have against pard members, agents, employees,
DATE:	SIGNATURE:	RIDER, PARENT (OR GUARDIAN
PHOTO RELEASE			
and all photographs a	nd any other audiovisua	l materials taken of me / my	w's Equestrian Center, Inc. of any son / my daughter / my ward. For the benefit of the program.
YES/ NO			
		RIDERS N	NAME
DATE:	SIGNATURE: _	RIDER, PARENT (
		RIDER, PARENT (OR GUARDIAN