

Whispers of Hope Horse Farm
Challenged Rider Registration and Release Form (Form 1)

PLEASE PRINT CLEARLY

Rider Name: _____ Date of Birth: ___/___/___ F__ M__

Street: _____ City: _____ State: _____

Zip Code: _____ County: _____ E-mail: _____

Home #: _____ main cell #: _____ Emergency #: _____

Parents or Guardian: _____

Address: _____ cell Phone: _____

Caregiver (if applicable): _____ cell Phone: _____

Second Parent/Guardian address if different from above: _____

School, Group Home, or Institution presently attending: _____

Ethnic Background (Optional)

- American Indian or Alaskan Native Asian or Pacific Islander Other _____ Black/African-America
 Hispanic/Latino White, Anglo, Caucasian Multiracial (please specify) _____

Diagnosis: _____

LIABILITY RELEASE:

I wish to participate or have my child or ward participate in the Whispers of Hope Horse Farm Program and I hereby acknowledge that I have legal authority to enroll said person in this program. I acknowledge the risks and possible risks of horseback riding, however, I feel that the potential benefits to myself, my child or my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs, assigns, executors, or administrators, waive and release forever all claims for damages against Whispers of Hope Horse Farm, its Board of Directors, Officers, Agents, Instructors, Therapists, Aides, Volunteers, Employees and Owners of horses for any and all injuries, illnesses, and/or losses sustained by myself/my son/my daughter/my ward or my horse, while participating in Whispers of Hope Horse Farm Programs on site or away. I agree to indemnify Whispers of Hope Horse Farm for any and all claims arising directly or indirectly out of my use of Whispers of Hope Horse Farm horses, equipment or facilities.

Photo Release: I hereby authorize the use and reproduction by Whispers of Hope Horse Farm 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, with the understanding that discretion will be used at all times.

Confidentiality Policy: WOHHF shall preserve the right to confidentiality for all individuals in the program. No one associated with WOHHF will reveal any medical, social, referral, personal, and financial information regarding any client or other person associated with WOHHF to anyone unless required by court order. This policy applies to clients, staff, contractors, temporary employees, volunteers and board members. Failure to comply can result in reprimand, loss of certain job responsibilities, or terminated.

Participate Name (Print Clearly) Myself Child (under 18) Ward

Authorizing Signature Myself Parent Legal Guardian Caregiver

Print Name of Authorizing Signature

Date

WARNING

**UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE),
AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE
ACTIVITIES RESULTING FROM INHERENT RISKS OF EQUINE ACTIVITIES.**

Spring 2026