



Registration and Release Form

Rider Information:

Rider: _____ DOB: _____ Age: _____

Address: _____

Parent/Guardian: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Email: _____

In case of emergency Contact: _____ Phone: _____

Goal(s) for riding experience: _____

(riding skills, speech, balance, improved gait, focus/attention, for example)

How to Register:

Mail: registration fee of \$120, this completed form, emergency authorization and physician release forms (if you have them) to Magic In Motion; 14439 275th St; Treynor IA 51575.

Volunteer Information:

All services provided by Magic In Motion are VOLUNTEER. Our goal is to provide the highest quality therapy / riding experience possible, at a reasonable cost. To accomplish this, we rely on volunteers.

Please select a volunteer option from the list:

Fundraising Public relations Sponsorships/ Corporate donors

Solicit donations Sidewalking Special Olympics

*Parents/guardians- we always try to schedule plenty of volunteers to cover all sidewalking; in the event that we are short volunteers on a Saturday, we have two choices: cancel riding for that day OR ask you to sidewalk during your rider's time slot. It doesn't happen often, but... please come dressed to walk with a horse in the dirt☺

Liability Release:

_____ would like to participate in the Magic In Motion Therapeutic Riding program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward 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 the Magic In Motion Therapeutic Riding Center, its Board of Directors, Instructors, Therapists, Volunteers and/or Employees for any and all injuries and/or losses I/ my son/ my daughter/ my ward may sustain during participation.

Date: _____ Signature: _____

WARNING: Under Iowa law, a domesticated animal professional is not liable for damages suffered by, an injury to, or the death of a participant resulting from the inherent risks of domesticated animal activities, pursuant to Iowa Code Chapter 673. You are assuming inherent risks of participating in this domesticated animal activity.

Photo Release:

I hereby consent to and authorize the use and reproduction by Magic In Motion 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.

Date: _____ Signature: _____

_____ This contract will remain in effect until otherwise noted.