



CHILD REGISTRATION FORM

Name of Client:

Client's DOB:

Name of Parent/Guardian:

Address:

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Home Tel: **Work Tel:**

Mobile: **Email:**

Preferred method of contact (please circle): Post / Home Tel / Work Tel / Mobile / Email

Emergency medication carried: Yes/No **Details:**

Please describe any medical conditions, physical difficulties or any other issues that IdEAL should be aware of regarding the client in order to make attending sessions a safe, happy and beneficial experience for everyone (please continue overleaf if necessary):

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The information above is given in strict confidence and will not be shared outside IdEAL.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

The horses at Inspired Equine Assisted Learning CIC are trained sympathetically and kept in an environment which fulfils as many of their natural needs as possible. However horses are sensitive creatures and when alarmed or frightened they have a strong "Fight or flight" reaction.

I therefore recognize the inherent risks due to the involvement of horses during Equine Assisted Learning sessions, including but not limited to:

- Bites, kicks, abrasions or contusions from horses.
- Scratches or other injury from grooming tools and other equine equipment and tack.
- Allergic reactions to animals, hay, or other allergens.

I hereby specifically waive and release Inspired Equine Assisted Learning CIC and its facilitators and staff from any liability for injury arising out of the inherent risks from participating in Equine Assisted Learning activities.

Signature of Parent/Guardian

Date