



FIELDSTONE FARM

P.O. Box 23129  
Chagrin Falls, Ohio 44023  
Phone: 440-708-0013 / Fax: 440-708-0029  
[www.fieldstonefarmtrc.com](http://www.fieldstonefarmtrc.com)

**REGISTRATION AND RELEASE FORM**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other Parent or Guardian Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent or Guardian Home Address (if different): \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

School or Institution presently attending: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consent and Waiver**

I hereby request that the Student named above be accepted into the horseback riding and driving program operated by Fieldstone Farm Therapeutic Riding Center (TRC), an Ohio non-profit organization. I acknowledge that Fieldstone Farm TRC has fully explained to me the scope of the horseback riding and driving program, including the potential for injury which can occur from riding, driving or caring for horses. Because of the potential benefits of Fieldstone Farm TRC's program, I hereby waive any claim which I or the Student may have against Fieldstone Farm TRC, its Trustees, employees or volunteers arising out of any injury which the Student may sustain while involved in the Fieldstone Farm TRC horseback riding and driving program.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(Student, Parent/Guardian if under 18 or not independent)