



FIELDSTONE FARM

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

REGISTRATION AND RELEASE FORM

Student: _____ Date of Birth: _____ Age: _____

Street: _____

City: _____ County: _____ ZipCode: _____

Home Phone: _____ Work Phone: _____ Email: _____

Parent or Guardian Name: _____ Occupation: _____

Employer: _____ Work Phone #: _____

Other Parent or Guardian Name: _____ Occupation: _____

Employer: _____ Work Phone #: _____

Parent or Guardian Home Address (if different): _____

Home Phone: _____

School or Institution presently attending: _____

In case of emergency contact: _____ Phone: _____

contact: _____ Phone: _____

For demographic data only, please indicate student's ethnic background. Check any that apply:

Caucasian _____ Asian _____ Hispanic/Latino _____

African American _____ Native American _____ Other _____

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)