



English Riding
Western Riding
Mounted Games
Ground Work
Horse Care
Horse Anatomy
Horse Breeds
Tack Talk

Horses 4 Homeschoolers

Sponsored by Rancho Escondido Therapeutic Riding, Inc.
www.ridingretreat.org
A 501(c)(3) Non-profit Corporation.

Home School Registration Packet

Student Name: _____

Student Address: _____

Student Cell Phone: _____

Parent/Guardian Name: _____

Parent/Guardian Address (if different from Student): _____

Parent/Guardian Cell Phone: _____

Parent/Guardian E-Mail: _____

Do you receive Facebook Notifications from Rancho Escondido? YES ___ NO ___

Facebook helps us communicate with everyone. If you would like to sign up, please tell us your Facebook Profile name: _____.

Student DOB ___/___/_____. Age: _____

What grade would your student be in if they attended regular school? _____

Do you think your student would be: SPED 504 Typical

Please tell us about any cognitive, physical or emotional disabilities your Student has. Please include triggers, physical limitations, accommodations, special requirements, etc.

Does your student have a formal medical diagnosis of any sort of disability? YES NO

Does your student require any physical accommodations to ride a horse? YES NO

If YES, please explain: _____

Please list anybody other than the legal Parent/Guardian who is authorized to drop off or pick up your Student. Students will not be released to anybody not on this list (and if we like them, we may keep them forever).

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Authorization to Treat and Emergency Contact Information:

I understand that I will be notified in the case of a medical emergency involving my Student. In the event that I cannot be reached, I authorize the calling of appropriate medical aid and the providing of necessary medical services in the event my child is injured or becomes ill.

I understand that I am responsible for any medical expenses incurred in the treatment of my child(ren).

Parent's/Guardian's Initials _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

And now, a loving, heartfelt message from our lawyers that you have to sign:

RELEASE and INDEMNIFICATION:

In consideration of each Child being granted permission to attend the Rancho Escondido Home School Program, I, for myself, each Child, and our successors and assigns release and discharge Rancho Escondido Therapeutic Riding and Equine Assisted Therapy, Inc., and Lester and Kimber Hirsch, individually, from all claims, injuries either physical and emotional, all medical and other expenses, and damage to property, demands, actions and judgments, resulting from or related in any way to my Child's attendance at and participation in the Rancho Escondido Home School Program and all related activities, whether or not caused by negligence of Rancho Escondido Therapeutic Riding and Equine Assisted Therapy, Inc. or Lester and Kimber Hirsch, individually, (all collectively, "Claims"). In consideration of each Child being granted permission to attend the Rancho Escondido Home School Program I, for myself, each Child, and our successors and assigns at my expense indemnify, defend and hold harmless Rancho Escondido Therapeutic Riding and Equine Assisted Therapy, Inc. and Lester and Kimber Hirsch, individually, for all Claims.

NEW MEXICO EQUINE LIABILITY ACT (42-13-1 NMSA 1978):

There are inherent risks to participants and observers involved in all activities with equine animals due to the propensity of an equine animal to kick, bite, shy, buck, stumble, bolt, rear, trample, be unpredictable or collide with other animals, objects or persons.

New Mexico state law provides that no person, corporation or partnership is liable for personal injuries to or for the death of a rider (or other participant) that may occur as a result of the behavior of equine animals while engaged in any equine activities, and that the rider (or other participant) agrees to engage in the equine activity at his own risk.

Parent/Guardian Initials: _____

NON-DISCRIMINATION

Rancho Escondido Therapeutic Riding and Equine Assisted Therapy, Inc. (RETREAT) does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

I have read this release and understand all of its terms and I have full legal authority to act for the Child as a parent or court appointed legal guardian.

Signature

Print Name

Date

Digital Media Privacy Addendum



We love taking pictures and videos of our kiddos and sharing them on Facebook and on our Website. We also respect people's privacy. Please indicate your preference below.

- You may take and share picture(s) and videos of my child(ren) online.
- Please do not post pictures of my child(ren) online.

Parent/Guardian Signature

Date