

**MY HEROES, LLC REGISTRATION AND RELEASE FORM**  
**(PLEASE PRINT CLEARLY)**

**Participant Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**(Check) The above is a...**     Lesson Student     Boarder     Parent of Student     Volunteer     Sitter/Nanny  
 Sister/Brother of Student     Other: \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Attendance Information and/or Hours** \_\_\_\_\_

**My Heroes, llc Instructor/Trainer or Therapist Name** \_\_\_\_\_

**If Applicable, Parent/Guardian/Caregiver Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Contact Name/Relation: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Name/Relation: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**MEDICAL RELEASE:**

In case of an emergency, I **(check one)** [  **give permission** ] [  do not give permission ] to **My Heroes, llc** to secure medical treatment including x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital service rendered under the general or specific instructions of any physician or hospital. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and other medical expenses reasonably and necessarily incurred.

**PHOTO RELEASE:**

**(Check one)** [  **I consent to and authorize** ] [  I do not consent to nor authorize ] the use and reproduction by **My Heroes, llc** of any and all photographs and any other audio visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

**LIABILITY RELEASE:**

I acknowledge the risks and potential risks of a horseback riding program, including risk of bodily injury or death resulting from kicks and bites, falling off horses or horse falling on rider, being dragged by a foot caught in the stirrups, being thrown by horse, equipment failure or collision with horses or vehicles or other inanimate objects. However, I feel the possible benefits to my family or the child I care for 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 **My Heroes, llc**, its board of directors, instructors, therapists, volunteers and/or Employees for any and all injuries and/or losses I may sustain as a result of use of **My Heroes, llc** or **Colorado State University's** property, equipment, or facilities.

**WARNING: Colorado - Warning - Under Colorado Law, an equine professional is not liable for the injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.**

**I HAVE READ THE ABOVE RELEASES AND GIVE EMERGENCY MEDICAL, PHOTO, and LIABILITY CONSENT AS INDICATED ABOVE:**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_