



**Talbot Special Riders, Inc.
Therapeutic Horseback Riding
P.O. Box 391
Easton, MD 21601**

RIDER'S REGISTRATION AND RELEASE FORM

Client:

Date of Birth:

Address:

Phone:

Email:

Parent or Guardian/Caregiver:

Work:

Address:

Phone - Home:

Cell Phone:

School or institution presently attending:

In case of emergency contact:

Name:

Phone:

Name:

LIABILITY STATEMENTS

Sign both the Talbot Special Riders and the Timber Grove Farm liability statements which are attached to this document.