

Timmins Therapeutic Riding Association

Equine Assisted Therapy for Health & Wellness

1625 Mahoney Road, Timmins ON P4R 0H5

Phone: 705-268-5994

www.ttra.ca

Serving our community since 1987



Mini Program Registration

Name: _____ Date of Birth: _____

Parents/Guardian: _____

Home Address: _____

City: _____ Postal Code: _____

Phone (Home): _____ (Cell): _____

Phone (Work): _____

(Email): _____

Mini Wheat 4-week Program

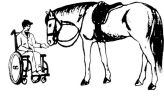
\$200.00

Cheque Cash

This non-refundable payment is required upon registration and must be received prior to the event. All cheques are payable to the Timmins Therapeutic Riding Association and may be mailed or delivered in person to the above address.

Should you have any questions or concerns please contact our Event Coordinator, Jean Gibbons. Phone: 705-262-7281 Email: jeanhgibbons@gmail.com

We request that the signed waivers (photo and liability) be handed in with completed application and that participants review our Safety Rules and Apparel Requirements.



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LIABILITY RELEASE for all Riding/Driving/Mini Programs

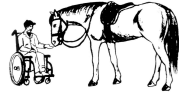
I, _____ would like to participate in the Timmins Therapeutic Riding Association's Program for which I have registered. I acknowledge the risks, and potential for risk, of horseback riding and working with horses.

However, I feel that the possible benefits to me/my son/my daughter/my ward 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 the Timmins Therapeutic Riding Association and Rainbow Stables, its Board of Directors, Instructors, Aides, Volunteers and/or participating in the programs of the Timmins Therapeutic Riding Association.

Date: _____ Signature: _____

(Parent or Guardian if under 18 years)

Phone (Work): _____



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PHOTO WAIVER



Therapeutic Riding Association uses photographs for projects that are promotional, advertising, commercial, educational, research and/or archival in nature. As such, the Therapeutic Riding Association collects on an ongoing basis individual and group photos of their clients.

We ask for permission to use your photo, or your child's photo, in promotional material to promote the benefits and services of the Therapeutic Riding Association.

I, _____ hereby grant the Therapeutic Riding Association permission to take photographic portraits or pictures of myself or my child and waive ownership of these photographs that the Therapeutic Riding Association had taken of me or in which I may be included with others and agree to permit the Therapeutic Riding Association to use my image, or my child's image, (in photograph, digital, or electronic form) for and in Therapeutic Riding Association publications, posters, web-site or other media, without limitation.

I hereby release and discharge the Therapeutic Riding Association from any and all claims and demands arising out of or in connection with the use of the photographs, including without limitation any and all claims for misappropriation, libel or invasion of privacy.

I am of full age and competent to sign this release. I have the right to contract in my own name. I have read the above release and fully understand the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Date: (dd/mm/yyyy)

Signature

Witness

Position
