



**CHILDREN'S FOUNDATION FOR EQUINE ASSISTED THERAPY, INC.**  
**EIN 87-0735538**  
**19535 Sea Pines Way**  
**Boca Raton, FL 33498**  
**Phone 561-350-7939 - Website [www.childrensfeat.org](http://www.childrensfeat.org)**  
**E-Mail: [anke@childrensfeat.org](mailto:anke@childrensfeat.org)**

## REGISTRATION AND RELEASE FORM FOR SOCIAL GROUPS

Childs Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Weight \_\_\_\_\_ Height \_\_\_\_\_ Disability \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Parent/Guardian/Care Giver \_\_\_\_\_ (Please circle which one)  
Address \_\_\_\_\_  
State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
School or Institution presently attending \_\_\_\_\_  
Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_

I would like to enroll my child in:

Group Nr. \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

**PHOTO RELEASE** \_\_\_\_\_ I hereby consent to and authorize  
\_\_\_\_\_ I do not consent to nor do I authorize

The use and reproduction by Children's F.E.A.T. of any and all photographs and other audiovisual materials taken of me for promotional printed material, educational activities, exhibitions or for other use for the benefit of the program.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Rider or Parent/Guardian)

**LIABILITY RELEASE (Required)** \_\_\_\_\_ (Name)

would like to participate in the Children's F.E.A.T. Program I acknowledge the risks and potential for risks of horseback riding and equine assisted activities. However, I feel that the possible benefits to myself/my child/my ward are greater than risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, administrators, waive the release forever all claims for damages against Children's F.E.A.T., its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in the program.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Rider or Parent/Guardian)