



## Registration

Sessions are comprised of four one-hour classes. Classes are Thursday from 6:00-7:00 pm. The cost is \$130. Send these forms with payment to Exceptional Equestrians. You will receive confirmation via email.

**Write in the dates of the session for which you wish to register:**

**Girls Rule!**

\_\_\_\_\_

**Maverick**

\_\_\_\_\_

Contact us at [cklak@exceptionalequestrians](mailto:cklak@exceptionalequestrians) or (920) 347-3174 for upcoming dates.

**Group booking**

Group name \_\_\_\_\_

Dates \_\_\_\_\_

Name of participant: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you learn about this program? \_\_\_\_\_

What are your main reasons for participating? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Goals (What would you like to achieve through this experience?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Participant/Parent/Guardian

Date



**In the event of an emergency, please contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_



## Client Liability Waiver

**Notice: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes.**

I understand and acknowledge that all aspects of working with equine industry include certain risks. Included among them, Wis. Stat. § 895.481(1)(e) provides that “Inherent risk of equine activities” means a danger or condition that is an integral part of equine activities, including all of the following: 1. The propensity of an equine to behave in a way that may result in injury or death to a person on or near it; 2. The unpredictability of an equine’s reaction to a sound, movement, or unfamiliar object, person or animal; 3. A collision with an object or another animal; 4. The potential for a person participating in an equine activity to act in a negligent manner, to fail to control the equine or to not act within his or her ability; and 5. Natural hazards, including surface and subsurface conditions. In addition, permitting a child to work with equine activities includes proportionally increased inherent risk. I acknowledge that equines are inherently dangerous and may result in property damage, injury or death. Knowing and appreciating these dangers, I desire for myself and/or my child or legal ward (collectively “us”, “we”, or “our”) to participate in equine activities on the property of the Exceptional Equestrians Company and/or Country Kids, Inc.

In consideration for the privilege of participating in equine-assisted learning, we release Exceptional Equestrians Company and/or Country Kids, Inc., the horse owner, the owner of the equipment, and all employees, volunteers or other agents of the company collectively (the “Releasee”) from any liability or responsibility for any accident or injury to us, members of our family or our guests during or in connection with any equine activities we engage in of the property Releasee. We agree that we will never sue Releasee for property damage, personal injury, or death arising out of equine activities, whether arising from the condition or actions of the horse, equipment, or riding facility at which the equine activities are conducted. We understand we are releasing Releasee from liability for its own negligence, including the selection of any equine or Releasee’s assessment of our ability to handle or work with any equine.

I hereby indemnify the Releasee as a result of any accident, casualty or event that may result through the negligence of us, our family members or guests. I understand that if my family members, guests or I am negligent or alleged to have been negligent and because of this negligence, Releasee is sued, I will be responsible for any costs, attorneys’ fees or damages incurred by Releasee.

I have read and understand the above, “Release from Liability” agreement.

Name of Participant: \_\_\_\_\_  
Signature of \_\_\_\_\_  
Participant/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Schedule, Fee, & Payment Options

Client: \_\_\_\_\_

**Name**

**Date of Birth**

### Schedule

Upon your initial screening assessment to determine placement, you will be given scheduling options.

We will make every effort to accommodate you, however please be aware that the riding schedule is dependent upon therapist, volunteer, and horse availability.

### Fees

Fees are available for review upon request.

Details will be provided after your initial screening assessment.

### Payment Options

Clients will receive statements for program riding sessions.

Some County programs will cover the cost. For a list of funding resources for families and our scholarship application, visit [exceptionalequestrians.org/download/ScholarshipInfo.pdf](http://exceptionalequestrians.org/download/ScholarshipInfo.pdf) or request one from EE staff.

*We look forward to sharing exceptional experiences with you!*

### Submission

Claims may be submitted to a third party payer by signing the accept assignment authorization below.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

All assignments will be kept on file and may be revoked in writing. Previously submitted claims may not be retroactively revoked.



## Photography Release

I hereby authorize Exceptional Equestrians, hereafter referred to as "Company," to publish photographs and/or videos taken of myself and/or the minor child(ren) listed below, for use in the Exceptional Equestrians' print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless Exceptional Equestrians from any reasonable expectation of privacy or confidentiality for myself and for the minor child(ren) listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Exceptional Equestrians to use their photograph.

I further acknowledge that participation is voluntary and that neither I nor the minor child(ren) will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Exceptional Equestrians, its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

**Check one:**     **Consent**     **Non consent**

### Authorization:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant/Parent/Guardian)

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_  
(Self/Parent/Guardian)

Names/Age of participant:

Name: \_\_\_\_\_ Age: \_\_\_\_



## Time and Talent Resource Form

As we all know, it takes a village. EE is honored to be entrusted with the health and wellbeing of the families we serve. We appreciate the support of our families and the community to help offset the cost of our services and help EE build awareness for all that we do.

**We ask your support in selecting a few ways in which you can be part of our village.**

Child Name: \_\_\_\_\_

Parent and/or Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Preferred Contact Method(s):  Home  Cell  Email  Text

What social media platform(s) do you use?

Facebook  Twitter  Instagram  Other: \_\_\_\_\_

School EE Client Attends (if applicable): \_\_\_\_\_

### Parent/Guardian Occupation:

Parent/Guardian #1: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

### Employer:

Parent/Guardian #1: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Does your employer offer a company match and or other charitable giving events or opportunities?

\_\_\_\_\_

Are you involved in any school, civic and/or community organizations that could help support EE?

\_\_\_\_\_

We are asking families to sign up for one (or more if you are able) ways in which you can support EE and its mission to improve the lives of people of all abilities through the healing power of horses. However, families can opt out and provide a one-time, annual donation of \$50 if preferred. We appreciate your support. Together, we can make change!

We wish to opt out.

**We are interested in being Exceptional Equestrians Brand Ambassadors:**

Share your story at an event

Write a blog article

Mentor a new family

Like, share or post on Facebook and/or other social media

Any connections you have that could help support or share our mission? \_\_\_\_\_

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Other ideas? \_\_\_\_\_

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**We are interested in assisting with Fundraising:**

Donate your birthday on Facebook

Organize a classroom or school-wide Penny Drive

Coordinate a charitable giving event with your employer

Be a Scrip Coordinator

Provide small contributions for EE events (water, baked goods, napkins, etc.)

Other ideas? \_\_\_\_\_

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**We are interested in volunteering at an Exceptional Equestrians event:**

EE Open House

Boots and Bling

Brat Barn

Other Ideas?: \_\_\_\_\_

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