



811 N. 500 Rd., Baldwin City, KS 66006 ~ Phone/Fax: 785.594.3827 ~ Email: Pathwaysaat@yahoo.com ~ www.pathwaysaat.com

CLIENT'S REGISTRATION AND RELEASE FORM

Registration

Name: _____ Date of birth: _____

Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: (Work) _____ (Home) _____

E-mail: _____

School/institution presently attending: _____

In Case of Emergency

Contact: _____ Phone: _____

Contact: _____ Phone: _____

Signature: _____ Date: _____

Liability Release

_____ (client's name) would like to participate in Pathways Animal Assisted Therapy, Inc., programs. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/son/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 Pathways Animal Assisted Therapy, Inc., its board of directors, instructors, therapists, aides, volunteers and/or employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Pathways Animal Assisted Therapy, Inc. activities.

Signature: _____ Date: _____

(client, parent or guardian)

Photo and Video Release

I hereby consent to and authorize the use and reproduction by Pathways Animal Assisted Therapy, Inc. of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for research and training and professional communication activities and for use in therapy. All materials are the property of Pathways Animal Assisted Therapy, Inc.

Signature: _____ Date: _____
(client, parent or guardian)