



Client Registration Form

Please fill out the information below. Class times for those who can not or choose not to ride alone are scheduled for 4:30 pm. We attempt to have clients who can ride alone at 6 p.m.

Spots are filled on a first come, first serve basis.

Questions: Call Patti at 715-554-0748 – Kristi at 715-410-945-3825 – Karole 651-491-5

Rider's Name _____ Guardian/Parent Name _____

Best phone number to reach you at _____ Email _____

Address _____

Rider's Weight _____ lbs.

Is the Rider Ambulatory? _____ Yes _____ No

Liability Release

I, _____ (Patient's/Parent's/Guardian's Name), hereby apply for participation in Quarter Moon Acres, Inc. Equine Therapy program. I acknowledge the risks and the potential for risks of the program's use of horses and other animals. However, I feel that the possible benefits are greater than the risks assumed. I hereby forever release, discharge, and hold harmless for myself, my heirs and assigns, executors or administrators, all claims for damages against Quarter Moon Acres, Inc., its therapists, instructors, aids, volunteers, and/or employees, and Patti Andersen, property owner, of any and all injuries and/or losses the patient, patient's family, or guests may sustain while participating in the therapy program.

Signature of Patient, Parent or Legal Guardian

Date

Photo Release

I consent to and authorize the use and reproduction by Quarter Moon Acres, Inc. of any and all photographs and any other audiovisual materials taken of the patient, patient's family, or guests while in treatment for use in promotional materials, educational activities, exhibitions, or for any other use for the benefit of Quarter Moon Acres, Inc.

Signature of Patient, Parent or Legal Guardian

Date

Quarter Moon Acres Equine Therapy Center follows the PATH Intl. guidelines for all aspects of our program, including their defined precautions and contraindications to riding and driving. **QMA reserves the right to deny our services if we determine there are medical, safety or participation concerns for the rider, driver, horse or volunteer.**

- 1) An in-person evaluation with an instructor will be required for new riders. You will be contacted to schedule this meeting following acceptance.
- 2) Helmets are required for all riders and drivers. You can bring your own or the program will provide one. Helmets are required to be ASTM-SEI approved. **NO BIKE HELMETS.**
- 3) Due to safety concerns for the riders, volunteers and horses, the rider's weight and balance may limit participation, the site selection, and hour for riding.
- 4) Riders must wear appropriate clothing to participate. Tied shoes or boots are required. Long pants are recommended (no nylon pants).

In Case Of Emergency

Notify: _____ Phone: _____

Physician: _____ Phone: _____

Hospital: _____

Signature – Parent/Guardian

Date

Registration forms accepted **by mail to:**
Quarter Moon Acres, 1347 55th Avenue, Amery, WI 54001

Payment is not necessary at this time. Rider fees are
\$180 per 6 week session
For Spring, Summer, Fall Session

Any insurance or government payments,
must be made known to QMA prior to first session.