

BLUE MOUNTAIN THERAPEUTIC RIDING
1150 VALLEY ST.
WALLA WALLA, WASHINGTON 99362

PARTICIPANT REGISTRATION FORM

Today's Date: _____

Participant's Name: _____ Birthdate: _____ Age: _____

Address: _____ Phone number: _____

City: _____ County: _____ State: _____ Zip: _____

Name (s) of parent(s) or Guardian:

Address: _____

City: _____ State: _____ Zip: _____ Phone numbers: _____

Alternative Person, name, phone number: _____

Email: _____ (for center use only)

School or Institution

(If applicable): _____ District: _____

School address: _____

-PHOTO RELEASE-

I DO

I DO NOT

consent to and authorize the use and reproduction by Blue Mountain Therapeutic Riding
(center)

of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

(Client, Parent or Legal Guardian)