



# Participant Application/ Photo Release/Liability Release

**Mail To:**  
Simple Changes  
P.O. Box 991  
Lorton, VA 22199

## GENERAL INFORMATION

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Participant's Diagnoses/Date of Onset: \_\_\_\_\_  
1. Parent/Guardian's Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Employer/ Job Title: \_\_\_\_\_ Work #: \_\_\_\_\_  
2. Parent/Guardian's Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Employer/Job Title: \_\_\_\_\_ Work #: \_\_\_\_\_  
Caregiver: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address (if different than above) \_\_\_\_\_

## PHOTO RELEASE

I  DO  DO NOT consent to and authorize the use and reproduction by Simple Changes, Inc. of any and all photographs and any other audio/visual materials taken of me/ my son/ my daughter/ my ward/my guests for promotional material, educational activities, exhibitions or for any other use for the benefit of Simple Changes, Inc., the Therapeutic Riding Association of Virginia, Bureau of Land Management, or Professional Association of Therapeutic Horsemanship, International.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant (if over 18), Parent or Legal Guardian

Subsequent Year Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Subsequent Year Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant (if over 18), Parent or Legal Guardian Participant (if over 18), Parent or Legal Guardian

## RELEASE OF LIABILITY

Participant's Name: \_\_\_\_\_ would like to take part in activities at Simple Changes, Inc. I acknowledge the risks and potential for risks of horseback riding and related activities. However, I feel that the possible benefits to me/ my son/ my daughter/ my ward/my guests are greater than the risk assumed. I hereby, intend to be legally bound for myself/ my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Simple Changes, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, Employees, Contributors, Horse Owners, Bureau of Land Management, and/or CAS Company (Stables at Meadowood), for any and all Injuries and/or losses I/ my son/ my daughter/ my ward/my guests may sustain while participating in activities at Simple Changes, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant (if over 18), Parent or Legal Guardian

Subsequent Year Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Subsequent Year Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant (if over 18), Parent or Legal Guardian Participant (if over 18), Parent or Legal Guardian