



P.O. Box 671828
Chugiak, AK 99567
Message Phone (907) 929-7876
Email: info@stridealaska.org

RIDER CONTACT INFORMATION

Name: _____ Date: _____
 Parent/Guardian Name _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: _____ Evening Phone: _____ Other/Cell: _____
 E-Mail Address: _____

About the Rider

Age: _____ Rider's Height: _____ Rider's Weight: _____
 Has rider participated in the STRIDE program before? Yes No Year: _____
 Can rider sit upright for an extended period without assistance? * Yes No
 Does rider require special accommodations? Yes No

**For the safety of both our riders and volunteers, riders weighing more than 50 pounds who cannot sit in an upright position without assistance are not eligible to participate in STRIDE classes.*

Riders may register for one four-week riding class per session. The rider's fee for the 2011 session is \$200 per session. Please make checks payable to STRIDE.

<input type="checkbox"/> Full payment enclosed	<input type="checkbox"/> Partial payment enclosed	<input type="checkbox"/> I'll pay later
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2011 CLASS SCHEDULE

Session I	Tuesday	Class 1 6:30-7:30 PM	Class 2 7:45-8:45 PM	Thursday	Class 1 6:30-7:30 PM	Class 2 7:45-8:45 PM
	June 7	<input type="checkbox"/>	<input type="checkbox"/>	June 9	<input type="checkbox"/>	<input type="checkbox"/>
	June 14	<input type="checkbox"/>	<input type="checkbox"/>	June 16	<input type="checkbox"/>	<input type="checkbox"/>
	June 21	<input type="checkbox"/>	<input type="checkbox"/>	June 23	<input type="checkbox"/>	<input type="checkbox"/>
	June 28	<input type="checkbox"/>	<input type="checkbox"/>	June 30	<input type="checkbox"/>	<input type="checkbox"/>
Session II	July 12	<input type="checkbox"/>	<input type="checkbox"/>	July 14	<input type="checkbox"/>	<input type="checkbox"/>
	July 19	<input type="checkbox"/>	<input type="checkbox"/>	July 21	<input type="checkbox"/>	<input type="checkbox"/>
	July 26	<input type="checkbox"/>	<input type="checkbox"/>	July 28	<input type="checkbox"/>	<input type="checkbox"/>
	August 2	<input type="checkbox"/>	<input type="checkbox"/>	August 4	<input type="checkbox"/>	<input type="checkbox"/>

RIDER RELEASE OF LIABILITY

I have read and signed the rider release form provided by STRIDE. If I am a minor, my parent or guardian has read and signed the release form. Yes No

X _____ Date: _____
Rider, Parent or Legal Guardian

To return this form electronically as an attachment to an email message, return only the first page, to info@stridealaska.org. The second page requires a signature. It may be scanned and emailed, delivered in person, or sent by mail.

PHOTOGRAPHIC RELEASE

Note: The following must be signed by all volunteers or by the parents or guardians of volunteers who are less than 18 years of age.

I DO
 DO NOT

hereby give Southcentral Therapeutic Riding, Inc. (d/b/a STRIDE) the right and permission to publish, without charge or compensation, photographs of _____ taken in connection with his/her participation in activities sponsored or conducted by STRIDE. These pictures may be used only for purposes of promoting STRIDE and its equine assisted riding activities and may be disseminated through publication, audio-visual presentation, the Internet, promotional literature and advertising and may be subjected to digital manipulation. STRIDE will not reassign or sell the images covered by this release without further written permission from the person named above, or from his/her parent or guardian in the event he/she is under eighteen (18) years of age or is otherwise not legally competent to enter into contracts.

X _____ Date: _____
Rider, Parent or Legal Guardian

POLICY OF CONFIDENTIALITY

Confidentiality is defined as "told in secret or private relations; trusted." Any information in regards to the participants (clients) at STRIDE must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. Failure to abide by this policy may diminish the quality of the services we provide and result in legal ramifications. I have read and understand STRIDE's Policy of Confidentiality and agree to abide by it.

X _____ Date: _____
Rider, Parent or Legal Guardian

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Completed forms should be brought to the first session. THANK YOU

STRIDE
Southcentral Therapeutic Riding, Inc.

Stridealaska.org