

Date: \_\_\_\_\_  
WAC: \_\_\_\_\_

Worthmore Equestrian Center  
11570 Still Pond Rd.  
Worton, MD 21678  
410-348-2055/410-708-8973  
410-348-5585 (fax)  
Worthmore\_equestrian@hotmail.com

**Registration and Release Form**

Rider Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

In case of emergency: Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**Liability Release**

I, \_\_\_\_\_, have read and understand and freely and voluntarily enter into this liability release agreement with Worthmore, LLC, understanding that this release is a waiver of any and all liability (ies).  
(STUDENT NAME)

I understand the potential dangers that could incur in mounting, riding, walking, boarding, feeding said horse(s); including but not limited to, any interactions with other horses. However, I feel the possible benefits to myself/my son/my 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 Worthmore, its Board of Director, officer, employees, instructor, aides, and/or volunteers, and anyone else directly or indirectly connected with this Corporation from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to me, my child, or anyone else caused by or incidental to electing to participate in equine activities.

I understand and recognize and warrant that this agreement is being voluntarily and intentionally signed and agreed to, and that in signing this Liability Release I know and understand that this agreement may further limit the liability of equine professional to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signatory MUST be 18 years or older)

**Photo Release (optional)**

I hereby consent to and authorize the use and reproduction by Worthmore of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward, for promotional printed materials, educational activities or for any other use for the benefit of the corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE:**

Instructor: \_\_\_\_\_ Assessment Date: \_\_\_\_\_