

LEVEL I: EQUINE SKILLS FOR HIPPO THERAPY
LEVEL I: TREATMENT PRINCIPLES FOR HIPPO THERAPY
JULY 17-20, 2008 - REGISTRATION FORM

To register for one or both of these courses, fill out the information below, sign the releases on the back and mail or fax along with payment to:

The Children's TherAplay Foundation ♦ 9919 Towne Road ♦ Carmel, Indiana 46032

One registrant per form, please. Feel free to copy this form as needed.

Name: _____

Business: _____

Address: _____

City, State Zip: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

E-mail: _____

Height: _____ Weight: _____

Riding Experience: Beginner (walk/trot) Intermediate (walk, trot, canter) Advanced (W/T/C, dressage/hunter)

REGISTRATION FEES

Breakfast, lunch and snacks are included in the registration fees. I am: vegetarian vegan.
Please check one:

Early Registration (If postmarked by June 20, 2008)

- Level One Equine Skills for Hippotherapy - \$450
- Level One Treatment Principles for Hippotherapy - \$450
- Both Courses: Equine Skills & Treatment Principles - \$800

Late Registration (If postmarked after June 20, 2008)

- Level One Equine Skills for Hippotherapy - \$500
- Level One Treatment Principles for Hippotherapy - \$500
- Both Courses: Equine Skills & Treatment Principles - \$900

PAYMENT

Check Credit Card: Visa MasterCard

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Billing Address (if different from above): _____

Mail or fax your registration with payment to:

The Children's Theraplay Foundation ♦ 9919 Towne Road ♦ Carmel, Indiana 46032

Be sure to sign both releases on the back of this form.

**LEVEL I COURSE
REQUIRED RELEASE FORMS**

**AMERICAN HIPPO THERAPY ASSOCIATION, INC. (AHA, INC.)
APPROVED HIPPO THERAPY COURSE LIABILITY RELEASE FORM**

I, _____, the undersigned, state that I am a participant at an educational course hosted by The Children's TherAplay Foundation, Inc.

I understand that as a (*check one*): participant patient guardian of patient, this course involves activities using horses, and that these activities may be of a high-risk nature.

As the undersigned, I hereby forever release, discharge, and hold free and harmless The Children's TherAplay Foundation, Inc. and all faculty, staff, directors, officers, agents, employees, volunteer personnel, and successors and assigns, for any and all claims, demands, or damages of any and every kind and nature which I, the undersigned, may have now or in the future against the above named organization or persons. This release includes but is not limited to claims of wrongful death or personal injury to me, the undersigned.

I have read and I understand the above paragraphs. I understand that **NO LIABILITY** (_____) (*initial*) can be accepted by any of the above organizations or persons associated with this course in the event of any accident or problem concerning me. This includes, but is not limited to, work with or around the horses, travel associated with the course, and experiences involving treatment on a horse.

Signature: _____ Date: _____

(check one): Participant Patient

Signature of Parent/Guardian (if patient is under age 18): _____

Date _____

Signature of Witness: _____ Date: _____

PHOTO RELEASE FORM

I hereby consent to and authorize the use of and reproduction of any and all photographs and any other audiovisual materials taken by The Children's TherAplay Foundation, Inc. for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the organization(s).

Signature: _____ Date: _____

(check one): Participant Patient

Signature of Parent/Guardian (if patient is under age 18): _____

Date _____

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Be sure to fill out the back of this form.