

# Brickhouse Equestrian Center

2669 Hamilton Road • Johns Island, SC 29455 • (843) 559-2287 • Fax (843) 559-0176

## RIDER'S REGISTRATION AND RELEASE FORM

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Dates lived there: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Other Names Used (including maiden name) \_\_\_\_\_ YEARS USED \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
SOCIAL SECURITY NUMBER DRIVER'S LICENSE # STATE ISSUED

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

Email: \_\_\_\_\_

Name of School, Institution or Employment: \_\_\_\_\_

In case of Emergency: Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### LIABILITY RELEASE

\_\_\_\_\_ (client's name) would like to participate in the Brickhouse Equestrian Center program. I acknowledge the risks and potential for risks of horsemanship and horseback riding. However, I feel the possible benefits to myself / my son / my daughter / my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Brickhouse Equestrian Center.

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

### **PLEASE SIGN ONLY ONE CONSENT BELOW**

#### PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by Brickhouse Equestrian Center of any and all photographs and any other audiovisual materials take of me / my son / my daughter / my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

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

NON-CONSENT

I do not consent to the use of photographs etc. as defined above.

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

**CRIMINAL DISCLOSURE**

- 1. Have you ever been convicted of or pleaded guilty to a felony? Yes [ ] No [ ]
- 2. Have you ever been convicted of or pleaded guilty to a misdemeanor? Yes [ ] No [ ]
- 3. Are you awaiting trial for any crime or violation other than a minor traffic infraction? Yes [ ] No [ ]

If "Yes" to either question, please describe the conviction(s) in detail, including dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONSENT & PROCESS for CRIMINAL BACKGROUND CHECK**

Each Brickhouse Equestrian Center adult student who is to receive a criminal background history check must sign an authorization / waiver / indemnity form (below), giving approval for Brickhouse Equestrian Center and their assigned agents to access the results of a criminal background search. Once you have signed this agreement, a Certified Background Inc. will be used to perform the check, Brickhouse Equestrian Center and their assigned agents can see the results of the check, which will show record of criminal history. A background check is required for all Brickhouse Equestrian Center students who are age 18 and older.

**Certification & Authorization**

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration as a student, or may result in my dismissal.

If accepted as a student, I understand that I must abide by all Brickhouse Equestrian Center policies, rules and regulations.

I authorize Brickhouse Equestrian Center to investigate all statements contained in this application and to make inquiries of my personal references and medical history, as well as other matters as may be necessary for determining my eligibility as a student. I hereby release physicians, employers, schools or individuals from all liability in responding to inquiries relating to my student application.

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

**Thank You!**