

# AMY'S WISH WITH WINGS

**Amy's Wish With Wings  
Rider Registration Form**  
(This form is to be updated annually)

Please print clearly

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

Client		D.O.B.	Age
Street		City	State/Zip County
Home Phone	Cell	Diagnosis	
Parent 1/Guardian		Address (if different)	
Home Phone	Cell Phone	Work Phone	
Preferred Contact Method (circle one)		Home phone	Cell Call / Text Email
Email Address			
Parent 2/Guardian		Address (if different)	
Home Phone	Cell Phone	Work Phone	
E-Mail Address			
Additional Emergency Contact Name and Phone			
Responsible Party			
Preferred Invoice Delivery Method (circle one and identify correct address/email address)		US Mail	Email

**NOTICE REGARDING INSURANCE:**

I hereby acknowledge that Amy's Wish With Wings is a non, participating provider with Medicare and all other insurance companies and **does not** direct bill; therefore, I am responsible for billing my insurance. I am also responsible for any charges that are not covered by my insurance carrier.

\_\_\_\_\_ (Responsible party/if under 18, parent or guardian must sign)  
Signature

**LIABILITY RELEASE:**

\_\_\_\_\_ would like to participate in the Amy's Wish With Wings program. I acknowledge the risks and potential hazards of horseback riding; however, I feel that 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 Amy's Wish With Wings, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees, for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Amy's Wish With Wings programs.

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

**PHOTO RELEASE (initial box):**

I hereby consent to and authorize the use and reproduction by Amy's Wish With Wings of any and all photographs and any other audiovisual materials taken 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.

I hereby DO NOT consent to the use and reproduction by Amy's Wish With Wings of any and all photographs and any other audiovisual materials taken 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.

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

**UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES**

PLEASE MAIL OR FAX COMPLETED FORM TO:  
Amy's Wish With Wings  
480 West Highland • Southlake, Texas 76092  
Office: 817-999-8332 • Fax: 940-9692767