

**Registrant Information** *If registering multiple participants, please use separate form for each.*

Child's Name: \_\_\_\_\_  
First
Middle
Last
Suffix

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (for children age 10-15)

School Attending: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Email Type:      Home      Business

**Workshop Selection** *Please select from the following workshops:*

**Workshop 1**

Your child will learn ways to identify emotions and implement healthy coping strategies in their day-to-day life while getting a chance to interact with horses and ponies.

**Workshop 2**

Are your children not able to engage in as many activities due to Covid-19? Are they feeling lonely? Isolated? Come interact with a small group in a safe environment and make new friends while learning about boundaries and assertive communication.

**Workshop 3**

Have you ever heard of mindfulness? In a world of technology, gadgets and multi-tasking, mindfulness can help your child be more present, gain more self-confidence and engage more meaningfully. Horses are great teachers to learn these skills.

Series 1:

Saturday, April 9, 2022  
10:30 a.m. – 1 p.m.

Series 1:

Saturday, May 14, 2022  
10:30 a.m. – 1 p.m.

Series 1:

Saturday, June 11, 2022  
10:30 a.m. – 1 p.m.

Series 2:

Saturday, July 9, 2022  
10:30 a.m. – 1 p.m.

Series 2:

Saturday, August 13, 2022  
10:30 a.m. – 1 p.m.

Series 2:

Saturday, September 11, 2022  
10:30 a.m. – 1 p.m.

**Payment Information** *Please return this form with payment enclosed to 1342 US Hwy 50, Milford, OH 45150.*

\$65 per workshop or \$175 per series of all three workshops (Save \$20!)

Total Number of Workshops/Series: \_\_\_\_\_ Total Due: \$ \_\_\_\_\_

Payment Type:      Cash Enclosed      Check Enclosed *made payable to Cincinnati Therapeutic Riding and Horsemanship*  
*Please make credit card payments via online registration: ctrhequinetherapy.org/mini-workshops*

**Release of Liability**

I, \_\_\_\_\_, a participant, parent or legal guardian of a participant, would like to enroll in Mini-Workshops for Social and Emotional Behavioral Enrichment at Cincinnati Therapeutic Riding and Horsemanship. I acknowledge that risks are inherent in equine-assisted services. However, I feel that the possible benefits to myself/child/ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors and administrators, waive, release and exonerate Cincinnati Therapeutic Riding and Horsemanship, its Trustees, Board of Directors, officers, instructors, therapists, aides, volunteers, independent contractors and/or employees from any and all tort and civil liability, damages and claims arising from or related to all activities associate with Cincinnati Therapeutic Riding and Horsemanship, including but not limited to any injuries and/or losses I/my child/my ward may sustain while participating in services. I understand that some of the inherent risks in equine-assisted services include, but are not limited to:

- The propensity of an equine to behave in ways that may result in injury, death or loss to persons on or around the equine.
- The unpredictability of an equine’s reaction to sounds, sudden movement, unfamiliar objects, persons or other animals;
- Hazards, including, but not limited to, surface and subsurface conditions;
- A collision with another equine, another animal, a person or an object; and/or
- The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I agree that I have been given sufficient time to read, understand and ask questions, if any, concerning the nature and scope of the voluntary waiver and release of liability.

\_\_\_\_\_  
Parent/Guardian/Caregiver Signature

\_\_\_\_\_  
Date

**Photo Release**

I do \_\_\_\_\_ I do not \_\_\_\_\_ consent to and authorize the use and reproduction by Cincinnati Therapeutic Riding and Horsemanship of any and all photographs and any other visual materials taken of me/my child/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

\_\_\_\_\_  
Parent/Guardian/Caregiver Signature

\_\_\_\_\_  
Date

**Contact:** Jenny Evans  
Program Director  
jen.evans@ctrhequinetherapy.org  
(513) 831-7050