



**P.O. Box 872032  
Wasilla, AK 99687**

**STRIDE**  
Southcentral Therapeutic Riding, Inc.

**Email:** [participation@stridealaska.org](mailto:participation@stridealaska.org)

**RIDER CONTACT INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Other/Cell: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

**About the Rider**

Age: \_\_\_\_\_ Rider's Height: \_\_\_\_\_ Rider's Weight: \_\_\_\_\_ Year: \_\_\_\_\_  
 Has rider participated in the STRIDE program before?  Yes  No  
 Can rider sit upright for an extended period without assistance? \*  Yes  No  
 Does rider require special accommodations?  Yes  No

*\*For the safety of both our riders and volunteers, riders weighing more than 50 pounds who cannot sit in an upright position without assistance are not eligible to participate in STRIDE classes.*

Riders may register for one six-week set of riding classes per session. The rider's fee for the 2015 session is \$300 per session.

Who is responsible for payment?

Rider/parent	MSSCA	Hope Community Resources
Stone Soup Group	Other _____	

Please make checks payable to STRIDE.

Which sessions would you be interested in/available for? Day Evening  
 Day of the week M T W Th F

Please keep in mind when signing up and selecting a session that classes may be held during the school year. Will you be available during the day and will you/the rider be able to participate after a full day of school and/or therapy? This year we are requesting that each rider bring 2 of their own volunteers- we will provide all necessary training. We gladly accept parents/caregivers as volunteers! We do have a pool of volunteers as well should you be unable to provide 2 volunteers but it is limited.

Sessions will be determined as we get enough riders to form a class (minimum of three riders per class). You will be notified of the days and times as the sessions are established. We will do our best to give you plenty of advance notice so you can schedule accordingly!

**To return this form electronically as an attachment to an email message, return only the first page, to [participation@stridealaska.org](mailto:participation@stridealaska.org). The second page requires a signature. It may be scanned and then emailed, delivered in person, or sent by mail. Thank you!**

## RIDER RELEASE OF LIABILITY

I have read and signed the rider release form provided by STRIDE. If I am a minor, my parent or guardian has read and signed the release form.  Yes  No

X \_\_\_\_\_  
Rider, Parent or Legal Guardian

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

## PHOTOGRAPHIC RELEASE

**Note: The following must be signed by all volunteers or by the parents or guardians of volunteers who are less than 18 years of age.**

I  DO  
 DO NOT

\_\_\_\_\_ hereby give Southcentral Therapeutic Riding, Inc. (d/b/a STRIDE) the right and permission to publish, without charge or compensation, photographs of \_\_\_\_\_ taken in connection with his/her participation in activities sponsored or conducted by STRIDE. These pictures may be used only for purposes of promoting STRIDE and its equine assisted riding activities and may be disseminated through publication, audio-visual presentation, the Internet, promotional literature and advertising and may be subjected to digital manipulation. STRIDE will not reassign or sell the images covered by this release without further written permission from the person named above, or from his/her parent or guardian in the event he/she is under eighteen (18) years of age or is otherwise not legally competent to enter into contracts.

X \_\_\_\_\_  
Rider, Parent or Legal Guardian

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

## POLICY OF CONFIDENTIALITY

Confidentiality is defined as "told in secret or private relations; trusted." Any information in regards to the participants (clients) at STRIDE must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. Failure to abide by this policy may diminish the quality of the services we provide and result in legal ramifications. I have read and understand STRIDE's Policy of Confidentiality and agree to abide by it.

X \_\_\_\_\_  
Rider, Parent or Legal Guardian

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

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Completed forms should be brought to the first session. THANK YOU

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