

P.O. Box 872032 Wasilla, AK 99687 907-373-7716

Email: info@stridealaska.org

RIDER CONTACT INFORMATION

Name:			Date:	
Parent/Guardian Na	me			
Physical Address:				
City:		State:	Zip:	
Mailing Address:				
City:		State:	Zip:	
Daytime Phone:	Evening Phone:		Other/Cell:	
E-Mail Address:				
About the Rid	er			
Age:	Rider's Height: Rid	er's Weight:		
Has rider participate	d in the STRIDE program before? Yes	□ No	Year:	
Can rider sit upright	for an extended period without assistance?	•	Yes No	
Does rider require sp	pecial accommodations?	☐ No		
	oth our riders and volunteers, riders weigh re not eligible to participate in STRIDE clas.		ls who cannot sit in an uprig	ht position
Riders may regis session is \$450 p	ster for one six-week set of riding classer session.	sses per session. T	he rider's fee for the 202	3
Who is responsib	ole for payment?			
Rider/pa	rent MSSCA	Hope C	ommunity Resources	
	Stone Soup Group	Other		

Please make checks payable to STRIDE.

Please keep in mind when signing up and selecting a session that classes, except for the summer session, will 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!

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!

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RIDER RELEASE OF LIABILITY

X	Rider, Parent or Legal Guardian
PHOTOGR <i>A</i>	APHIC RELEASE
Note: The followin years of age.	g must be signed by all volunteers or by the parents or guardians of volunteers who are less than 18
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compensation, participation in STRIDE and it the Internet, pror sell the image	puthcentral Therapeutic Riding, Inc. (d/b/a STRIDE) the right and permission to publish, without charge or photographs of taken in connection with his/her activities sponsored or conducted by STRIDE. These pictures may be used only for purposes of promoting sequine assisted riding activities and may be disseminated through publication, audio-visual presentation, omotional literature and advertising and may be subjected to digital manipulation. STRIDE will not reassign ges covered by this release without further written permission from the person named above, or from his/her lian in the event he/she is under eighteen (18) years of age or is otherwise not legally competent to enter into
X	Date: Parent or Legal Guardian
	Rider, Parent or Legal Guardian
	CONFIDENTIALITY
POLICY OF	
Confidentiality is def STRIDE must be he most basic responsi	fined as "told in secret or private relations; trusted." Any information in regards to the participants (clients) at It is critical that we respect each individual. Confidentiality is considered one of the ibilities of our facility. Failure to abide by this policy may diminish the quality of the services we provide and cations. I have read and understand STRIDE's Policy of Confidentiality and agree to abide by it.
Confidentiality is def STRIDE must be he most basic responsi result in legal ramific	ld in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the bilities of our facility. Failure to abide by this policy may diminish the quality of the services we provide and

nould be brought to the first session or mailed to P.O. Box 8/2032 Wasilia AK 9968/. THANK YOU



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