



Strong Tower Ranch

600 Sunshine Lane, Wright City, Mo 63390 • 636-333-0212 • StrongTowerRanch.org

Horsemanship Program Registration Form

(Please print clearly and complete form in its entirety)

Participant's Name: _____

Age: _____ Gender: M F Date of Birth: _____

Parent(s) or Guardian(s): _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Primary Contact Phone: _____

Emergency Contact (other than name(s) listed above): _____ Phone: _____

Email Address: _____

Check box if you do not want to be put on our mailing list. It will not be shared with anyone else.

Church Attended (if any): _____

Allergies / Restrictions : _____

STR Liability Release: I certify that the participant has permission to attend any horsemanship related activity and further give consent for medical treatment for participant in the event that a need for immediate medical attention arises. If such need arises, I agree to the release of any records necessary for treatment, referral, billing, and insurance purposes, and give permission for staff to inform the necessary parties of participant's medical condition, including, but not limited to, food or other allergies, asthma, seizures, or medication, for attending to participant's medical needs. Strong Tower Ranch carries secondary insurance; all claims must be submitted to the participant's insurance carriers first. I understand that some activities are inherently risky, and take responsibility for participant's participation in any of Strong Tower Ranch program areas, and indemnify, release, and discharge Strong Tower Ranch and its directors, officers, and staff from liability and all costs arising from participant's participation in any horsemanship activity. I understand under Missouri law, 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, pursuant to the Revised Statutes of Missouri, (Missouri Revised Statutes, Section 537.325). I also give permission in the event that the participant's picture or testimony is used in the promotion of Strong Tower Ranch activities.

Signature: _____ Date: _____

Spring/Fall Horsemanship Programs

GATES:

- Spring Tuesday Evening Thursday Evening
 Fall Tuesday Evening Thursday Evening

Remnants:

- Spring Fall **Start date:** _____

Our desire is to make sure no child is unable to participate in STR horsemanship programs due to lack of funds. While this program is valued at \$150, we offer it at no charge. If you are able to pay some or all of that amount, it would be helpful. However, this would not be considered a donation due to the fact that you are receiving a "good or service." If you donate above the amount of \$150 in order to help other children receive the program, you will receive a tax-deductible receipt for the amount above the program value. Thank you for your support of the STR ministry.

Yes, I would like to give: \$ _____