



## LOVE for Therapeutic Riding

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Tax ID 26-2965095

a faith-based, non-profit program 501 (c)(3)



### RIDER Application for Fiscal Year 2012 Session See schedule on last page

**\*Fees & Paperwork due three weeks before each session**

RIDER: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F

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

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

Email \_\_\_\_\_ Web site \_\_\_\_\_

Employer/School: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address (if Different from above): \_\_\_\_\_

Phone: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Phone: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

### RIDER Photo Release

I \_\_\_\_\_ do \_\_\_\_\_ do not consent to and authorize the use and reproduction by LOVE for Therapeutic Riding of any and all photographs and any other audio/visual materials taken for promotional material, education activities, exhibitions or for any other use for the benefit of the program.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Client, Parent or Legal Guardian