



Client Information

Name: _____ Age: _____

Height: _____ Weight: _____

Parent/guardian: _____

Address: _____ City: _____ Postal Code: _____

Phone number: _____ Email: _____

How would you rate your horsemanship skills? Beginner Intermediate Advanced

Do you have any medical conditions that might be impacted by being around animals?

Yes No

If yes, please specify:

Emergency contact:

By signing below, I consent that I:

- have correctly completed this document.
- or my children/dependents will engage in services at Blue Rein Ranch in a safe way as prescribed by the facilitator.
- have read and consent to the contents of the Blue Rein Ranch waiver.

Signature: _____ Date: _____

Photo release (optional):

I, _____, give Blue Rein Ranch permission to take photos of _____, for specific uses in print or online publications, bulletin boards, or general display.

Signature: _____ Date: _____