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 Richmond IL 60071  
 815-653-9374  
 info@mainstayfarm.org

## 2025 Registration and Release & Health History Form – Saddle Up Program

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_ phone: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ phone: \_\_\_\_\_

Current Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_

MEDICATIONS - include dosage and any over-the-counter medications

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MOBILITY - any issues or concerns

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*Please indicate current or past problems in the following areas:*

	Y	N	Comments
Allergies/Asthma			
Bone/Joint			
Breathing			
Circulation			
Communication			
Digestion/Elimination			
Hearing			
Heart			
Muscular			
Pain			
Sensation			
Thinking/Cognition			
Vision			
Other			

*\*Main Stay will not use or share your health information without your written permission unless authorized by law.*

Please describe your previous riding experience including level of experience, how long ago and type of riding done:

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What would you like to accomplish? Is there any other information that will enhance your time at the farm?

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LIABILITY RELEASE

\_\_\_\_\_ (Rider) would like to participate in the Main Stay Therapeutic Farm, Inc. programs. I acknowledge the risks and the potential for risks of equine and animal interactions in a farm setting. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Main Stay Therapeutic Farm, Inc., its Board of Directors, instructors, therapists, aides, volunteers and/or employees for any and all injuries and/or losses I/my son/my daughter/ may sustain while participating in a Main Stay Therapeutic Farm, Inc. program.

*Under the Equine Activity Liability Act, each participant who engages in an equine or animal activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities. ~IL PWA-89-0111~*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Client (18 years or older), Parent or Guardian

PHOTO RELEASE

I \_\_\_\_\_ YES or NO (circle only one)  
Print CLIENT'S name

hereby grant irrevocable and unlimited consent to the use and reproduction by Main Stay Therapeutic Farm, its assigns, licensees and legal representatives, of any and all photographs and any other audio/visual materials taken of me, my child or my ward, in all forms and media (including but not limited to printed media, digital media, web sites, video and audio productions). The materials may be reproduced in all forms including composite, altered or derivative works, for promotional material, educational activities, and exhibitions or for any other lawful use for the benefit of the program.

I hereby waive the right to inspect and approve the finished version(s) including any copy that may accompany the materials. I hereby release Main Stay and its employees, volunteers, assigns, licensees and legal representatives from all claims and liability relating to said materials. I sign this release as a person with, or the parent or guardian of a person with special needs, understanding that use of these materials will make them available to the general public. I have read and understand the above release, am over 18 and have the capacity to sign this release of my own free will. (18 years and older)

Date: \_\_\_\_\_ Client signature: \_\_\_\_\_