**VTC Participant Registration Form**  
(This form is to be updated annually)

Please print clearly

<table>
<thead>
<tr>
<th>Client</th>
<th>D.O.B.</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
<td>City</td>
<td>State/Zip</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Cell</td>
<td>Diagnosis</td>
</tr>
</tbody>
</table>

Parent 1/Guardian

Address (if different)

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Work Phone</th>
</tr>
</thead>
</table>

Preferred Contact Method (circle one)

| Home phone | Cell Call / Text | Email |

Email Address

Parent 2/Guardian

Address (if different)

| Home Phone | Cell Phone | Work Phone |

E-Mail Address

Additional Emergency Contact Name and Phone

Responsible Party

Preferred Invoice Delivery Method (circle one and identify correct address/email address)

| US Mail | Email |

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10600 Dunham Rd, Roanoke, TX 76262

Phone: 682-831-1323  
Fax: 682-831-1362  

www.victorytherapy.org
NOTICE REGARDING INSURANCE:

I hereby acknowledge that Victory Therapy Center is a non-participating provider with Medicare and all other insurance companies and does not direct bill; therefore, I am responsible for billing my insurance. I am also responsible for any charges that are not covered by my insurance carrier.

____________________________________ (Responsible party/if under 18, parent or guardian must sign)
Signature

LIABILITY RELEASE:

_____________________________________ would like to participate in the Victory Therapy Center program. I acknowledge the risks and potential hazards of horseback riding; 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 Victory Therapy Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees, for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Victory Therapy Center programs.

Signature: __________________________________________ Date: __________________________

Authorization for Emergency Med Treatment __________________________ Date: ________________ Decline: __________

PHOTO RELEASE (initial box and sign):

☐ I hereby consent to and authorize the use and reproduction by Victory Therapy Center of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

☐ I hereby DO NOT consent to the use and reproduction by Victory Therapy Center of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Signature: __________________________________________ Date: __________________________

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE & REMEDIES CODE) A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.