



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

Please print clearly

Date: \_\_\_\_\_

Client		D.O.B.		Age
Street		City	State/Zip	County
Home Phone	Cell	Diagnosis		
Parent 1/Guardian		Address (if different)		
Home Phone	Cell Phone	Work Phone		
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

**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.**

PLEASE RETURN COMPLETED FORM TO:  
Victory Therapy Center, 10600 Dunham Road • Roanoke, Texas 76262  
Office: 682-831-1323 • Fax: 682-831-1362  
• Email: [programs@victorytherapy.org](mailto:programs@victorytherapy.org)