



ANIMALS AS NATURAL THERAPY

721 Van Wyck Road • Bellingham, WA • 98226
Phone/FAX: 360-671-3509 • www.animalsasnaturaltherapy.org

Participant's Registration and Release Form

Participant's Name: _____ Date of Birth: _____

Age: _____ Weight: _____ Height: _____ (for horsemanship)

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Name of Primary Caretaker: _____

Relationship to Participant: _____ Email address: _____

Address/Phone (if different from above): _____

In case of emergency, contact: _____ Phone: _____

contact: _____ Phone: _____

School/Institution attending: _____

Have you been referred by a school counselor? ____ Yes ____ No

How did you hear about ANT? _____

Summer Day Camp only:

Which session (circle one) 1 2 3 4 5 6 do you want your child to attend? See brochure for dates.

T-shirt size ____ youth ____ adult

Liability Release:

_____(Participant's name) would like to participate in the Animals as Natural Therapy programs. I acknowledge the risks and potential for risks of horse and farm activities. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward are greater than the risk 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 Windy Acres and Animals as Natural Therapy, Inc., its Board of Directors, Instructors, Therapists, Volunteers and/or Employees for any and all injuries and/or losses I/ my son/ my daughter/ my ward may sustain while participating in Animals as Natural Therapy programming. I understand that these programs may include therapeutic counseling.

Date: _____ Signature: _____

Participant, Parent or Guardian

Photo Release (OPTIONAL):

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

Date: _____ Signature: _____

Participant, Parent or Guardian

Date updated: 09/03/15

ANIMALS AS NATURAL THERAPY

Participant Financial Responsibility Agreement

Thank you for allowing Animals as Natural Therapy to assist your child/ward in his/her experiential education. In the interest of good care practices, it is desirable to establish a credit policy to avoid misunderstanding. Our primary responsibility is to help our participants have successful sessions and we wish to spend our time and energy toward that end.

Charges per session are \$75.00. There are nine (9) sessions in a quarter for a total of \$675.00. Payment is due at time of service unless other arrangements are made. Monthly statements are sent beginning the month following the start-date of the first session. Statements reflect the total amount due for the entire quarter less any payments or credits made. This amount due will also show any financial assistance granted. If financial assistance is requested a Financial Needs Request form is available from the ANT Office. Proof of income is required.

Absence Policy:

Because volunteers commit their time to ensure a safe ride, we ask for an advanced notification (at least 24 hours), when it is known that a rider will be absent. If it is a last minute emergency, we ask to be notified as soon as possible. We understand that emergencies do arise; however, an "instructor fee", equal to half the normal session fee, will be assessed for last minute cancellations or if no notice is given. If a rider misses three (3) sessions without notification, future sessions will be cancelled.

I have read this credit policy and understand that I am responsible for payment of this account.

Print Participant name _____

Signature of responsible party _____ date _____

(If patient under 18 years of age. Responsible party must be Parent or guardian)