



Horses Assisting Learning, Therapy, Eyesight, Rehabilitation Inc.

P.O. Box 5885

Katy, Tx 77491

281-508-6501

www.halterinc.org

Name of Participant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Name of Parents: _____

Email: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Allergies: _____ Medication: _____

Riding lessons

Pony Express

Toddler riding

Community Service

Volunteer

Camp

The programs are not licensed by the state.

For office use

Date of enrollment: _____ Amount paid _____

Money Due: _____ Intake Staff: _____

Credit Card # _____ Security Code _____ Billing Zip _____

EXP Date: _____

DL# _____ SS# _____



HALTER Inc. Activity Agreement and Liability Release Form

Please Read Carefully Before Signing

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY HALTER Inc. DOES NOT GUARANTEE YOUR SAFETY

Participant's Name (Please print): _____

Email: _____

Name Of Emergency Contact: _____ **Phone:** _____

LIABILITY RELEASE

I acknowledge the risks and potential for risks of horseback riding and equestrian events. However, I feel that the possible benefits of horseback riding and equine activities 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 HALTER Inc. and its Board of Directors, Instructors, Aids, Therapists, Volunteers, Employees and/ or Owners of horses of facilities used in HALTER, Inc. programs for any and all injuries and/or losses I may sustain while participating in the HALTER, Inc. program.

Signature: _____ **Date:** _____

Participant Signature or Guardian if under 18

PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by HALTER Inc. of any and all photographs and any other audiovisual materials take of me for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ **Date:** _____

Participant Signature or Guardian if under 18

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency medical aid/ treatment is required due to illness or injury during the process of serving as a volunteer or participant or while being on the property or interacting with the animals, I AGREE THAT: Should emergency medical treatment be required, I and or my own accident/medical insurance company shall pay for all such incurred expenses. I authorize HALTER Inc. to secure and retain medical treatment, including transportation, if needed and the nearest medical facility.

Physician's Name: _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

Policy #: _____ **Health Insurance Co.:** _____

Signature: _____ **Date:** _____

Participant or Guardian if under 18

WARNING

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



HALTER Inc.

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Katy, TX 77491-5885

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HALTER Inc. would like to invite you to join the "Friends of HALTER". This generous tax deductible donation is going to help HALTER fund it's programs. By joining the "Friends of HALTER" you and your family will receive a copy of our quarterly newsletter, invitations to our annual barbecue and other special events, a chance to come work with the horses, and any updates to what we are doing.

\$25 Basic Annual Dues

Yellow Ribbon

Annual gift of \$100- \$500

Adopt a Mini For a Year

Annual gift of \$1500 (receive a picture of your horse)

Red Ribbon

Annual gift \$501- \$1000

Champion

Annual gift \$1501- \$5000

Blue Ribbon

Annual gift \$1001 - \$1499

Grand Champion

Annual gift of over \$5001

Please mail all donation to: P.O. Box 5885 Katy, Texas 77491-5885

Name of Participant:_____

Name of Parents:_____

Address:_____

Phone:_____

Email:_____

Amount Donated:_____

I _____ give HALTER INC. permission to charge \$ _____,

To my debit/ credit card number _____, with the security code _____, Exp.

Date _____ and the billing zip _____, for the following

program/s _____.

I agree to these charges and to them automatically charging the 1st of each month until such time that I have signed and filled out the Stop debt form and turned it in. I realize once charges have been charged there are no refunds. I understand I am responsible for making up any missed sessions and my card will be charged automatically until the Stop form is signed and turned in. Any declined payment after the 5th of the month will result in a \$10 late fee due with the missed payment at next visit. I hold HALTER and its board members harmless in any charges that may occur while my child participates in these programs.

Name _____ Date _____

Sign _____

HALTER Intaker _____