



Name: _____

Address: _____

Telephone: _____ Email: _____

Are you 18 years older ____ Height: *: _____ Weight: * _____

Current or Associated Riding Center(s): _____

Have you ever been part of a Therapeutic Riding Facility? Yes _____ No _____

If yes, which one? _____

What are your intentions of becoming a CTRI? _____

Do you have experience working with people with disabilities? Yes _____ No _____

In what capacity? _____

Do you hold any certifications in education or related fields?

* Each horse has a set weight limit based on size, age, and health. To ensure their well-being, we require a pre-session weigh-in for all participants.



Riding History Questionnaire

Check all riding seats where you feel most comfortable, secure, and effective.

Hunt Seat Dressage Western Other: _____

Do you know posting diagonals? Yes No

Do you know canter leads? Yes No

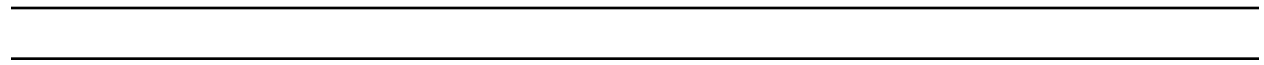
In what disciplines have you taken formal riding lessons, and for how long?

How many years have you taught formal riding lessons, and in which disciplines?

Do you hold any equine-related certifications, degrees, and/or titles?

Do you have any other specialized equine knowledge and/or training? (carriage driving, vaulting, etc.)

Briefly explain your riding and training philosophy.



This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.



The instructors, officers, directors, and volunteers of EquiCenter, Inc. are hereby released, acquitted, and discharged from any claim for damage or suit by reason of any injury, illness, or damage to persons or property during the course of EquiCenter, Inc. riding sessions or activities, including transportation to and from sessions and activities. In that regard, I hereby covenant on my behalf not to file a claim or bring a suit with respect to any such injury, illness, or death.

Liability Waiver Acceptance

_____Yes, I accept

_____No, I do not accept

Signature _____

Date _____