



THE RIGHT STEP, INC.
THE HEALING POWER OF HORSES
A PATH Intl. Premier Therapeutic Riding Program

Client Information

(Must be completed by a parent/guardian if client is under 18 or unable to sign legal documents)

Client Name: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: M F

Address: _____

City: _____ Zip Code: _____

Phone: _____ Alternate Phone: _____

Email: _____

Parent/Guardian Name(s) (if applicable): _____

Phone (if different than above): _____

Caregiver(s) (if applicable): _____

Phone: _____

Client school/employer: _____

Address: _____

Referred by: _____

T-shirt Size: Child: XS S M L Adult: XS S M L XL XXL

MEDIA RELEASE

I ___ DO ___ DO NOT consent to and authorize the use and reproduction by The Right Step, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of The Right Step, Inc.

Signature Date