



ANIMALS AS NATURAL THERAPY

721 Van Wyck Road • Bellingham, WA • 98226

Phone/Fax: 360-671-3509 • www.animalsasnaturaltherapy.org

One Time Participant Registration

Name:	Date of Birth:	Age:	Weight:	Height:
			(for horsemanship)	
Street Address:		City:		
State:		Zip Code:		
Primary Caretaker:		Phone:		
Relationship to participant:		Email address:		
Address/Phone if different from above				
School/Institution attending:				
Were you referred by a school counselor? Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____				
How did you hear about ANT?				

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

Participant Information/Demographics

Funding from various grantors help ANT provide these experiences. Those grantors ask ANT to track this confidential information below. Thank you for assisting our reporting process.

Participant Resides in:

- Reservation Farm
- Town or Rural Non-farm (pop. 10,000 or less)
- Town or City (pop. 10,000-50,000)
- Suburb (pop. 50,000 or more)
- City (pop. 50,000 or more)

Participant lives with:

- 1 Parent Both Parents Blended family
- Alternates between 2 parents
- Relative Placement
- Foster Family
- Adoptive Family
- Other _____

Racial/Ethnic Group:

- Caucasian
- African American
- Native American/Alaskan
- Hispanic/Latino
- Asian/ Pacific Islander
- Other:

School Grade:

- K 1st 2nd 3rd 4th 5th 6th
- 7th 8th 9th 10th 11th 12th not attending