



**CONSENT TO SHARE  
INFORMATION**

I hereby authorize the Regina Therapeutic Riding Association to share with its Instructors and Volunteers such information as may be necessary to conduct a safe and beneficial therapeutic riding program.

Name of rider: \_\_\_\_\_

Name (please print): \_\_\_\_\_  
(client, parent or guardian)

Relationship to rider: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_