



PROGRAM POLICIES ACKNOWLEDGEMENT FORM

This form should be completed by the participant, or their legal parent, guardian, or caregiver.

By signing this form, you acknowledge that you have received, read, and understand the **Participant Policies.**

Participant Name _____

(Please Print)

Participant Signature _____

or

Legal Parent / Guardian Signature _____

Caregiver Signature _____

Mail completed form to:

Date _____

Greystone Manor Therapeutic Riding Center
PO Box 10724
Lancaster, PA 17605

Ph: 717-615-9222