



Student Application

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Parent/Guardian (If student is a minor): \_\_\_\_\_  
 Emergency Contact- Name and Phone: \_\_\_\_\_  
 Hospital Preference: \_\_\_\_\_  
 Referred By: \_\_\_\_\_ First Lesson: \_\_\_\_\_

Waiver of Liability & Legal Release For

Date: \_\_/\_\_/\_\_

(Please print clearly)

I \_\_\_\_\_ acknowledge and accept that horseback riding and activities related thereto involve the risk of personal injury. By my signature, (and, in case of a minor, the parent's or guardian's signature), they and I, hereby waive all right, if any, claims, causes of action and lawsuits against client, their family, heirs, executors, legal representatives, administrators, successors, assigns, guests, employees, or agents affiliated with any of them in any manner (collectively, herein "Client"), for any injury, liability or damages which may occur while riding any horse, whether while participating in any activity related to horseback riding. I agree to indemnify, defend and hold harmless Client or any person or entity whose land a horseback ride crosses, for any accident, injury, or loss that may occur, and free such persons from all liability for such injury or loss. I understand that horseback riding always involves danger and I ride at my own risk. **Initial:** \_\_\_\_\_

I **understand** that horseback riding involves hazards which horseback riders cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control, and unpredictable, and that accident can happen to anyone at any time. I further understand that horseback riding involves such things as riding over uneven terrain and being in strange places under adverse weather conditions which could result in injury to me and the horse I am riding. **Initial:** \_\_\_\_\_

I **understand and accept** that an instructor has the right to teach a student to their best of their ability which would include talking, discussion and touching, moving and positioning a rider correctly on and around the horses. **Initial:** \_\_\_\_\_

I **agree** to take full responsibility for myself and the animal I am riding. I am aware that wearing a certified safety helmet is a good preventative measure against head injury, and further understand that helmets are highly recommended for all riders. My signature below constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release. **Initial:** \_\_\_\_\_

I further agree to allow and be financially responsibility for any necessary emergency medical treatment by any available physician at any available medical institution in the event of my injury or illness. I have read and understand this liability release.

Print Name:

Rider or parent/guardian if minor signature:

1. \_\_\_\_\_  
 2. \_\_\_\_\_

1. \_\_\_\_\_  
 2. \_\_\_\_\_