Kings Farm Horse riding academy offers horseback riding programs for those interested in Trail riding, Dressage, Jumping and related workshops and clinics. Programs of this sort involve risk of personal injury, including, but not limited to, bruises, broken bones, head injuries and death. All normal safety precautions are taken to protect our participants, but occasionally accidents do happen. Horses may, without warning or apparent cause, buck, rear, stumble, fall, spook or make unanticipated movements, jump obstacles in their path, bite, kick, step on a person’s foot, or push or shove a person, and saddles or bridles may loosen or break, all of which may result in injury. We further note that if you are pregnant or immunocompromised you may be at a greater risk of injury and/or of contracting possible zoonotic agents due to your close proximity to animals and should consult your health care provider before undertaking equestrian activities. The academy does not provide insurance to program participants. We strongly suggest that if you are interested in these programs, you should be covered under your own private insurance plan.

**RIDER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Information:**

1. (Contact First) Name: Relationship: Ph:

2. (Contact Second) Name: Relationship: Ph:

Additional information you would want Emergency Medical Personnel to know:

In case of emergency, the ambulance will take you to the nearest or first available hospital

**For riders under 18 years of age:**

I give my consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my (son) (daughter) (ward) (“RIDER”), to participate in the above mentioned riding programs and/or workshop. I have read the information provided above, understand that equestrian activities carry inherent risks, persons engaged in recreational equestrian activities assume the risk and legal responsibility for injuries to their persons or property arising out of the hazards inherent in such activities. I acknowledge and understand that if my (son) (daughter) or (ward) is member may be transported to and from events in vehicles owned and operated by riding academy. I acknowledge that there are specific risks of injury to person and/or property that are associated with such transportation, and hereby agree to hold the academy harmless from any liability arising out of the acts or omissions of participant during any such trip, subject to any limitations or restrictions against such indemnification that are imposed by law.

I further attest that I am at least eighteen (18) years of age and fully authorized and competent to sign this acknowledgment and permission on behalf of the above-named RIDER.

DATE: NAME (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***OR***

**For riders 18 years of age or older:**

I have read the information provided above, understand that equestrian activities carry inherent risks, persons engaged in recreational equestrian activities assume the risk and legal responsibility for injuries to their persons or property arising out of the hazards inherent in such activities. I acknowledge and understand if I am a member of academy, I may be transported to and from events in vehicles owned and operated by the riding academy. I acknowledge that there are specific risks of injury to person and/or property that are associated with such transportation, and hereby agree to hold the academy harmless from any liability arising out of the acts or omissions of participant during any such trip, subject to any limitations or restrictions against such indemnification that are imposed by law.

I attest that I am at least eighteen (18) years of age and fully competent to sign this acknowledgement.

DATE: NAME (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_