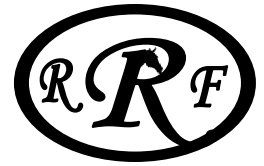


Rattle Run Farms
Rider Registration & Release Form
Instructor – Sue Cook, B.H.S.I.I.



2017

RIDER'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE - _____ CELL - _____

Email Address _____

AGE: _____ GENDER: _____ HEIGHT: _____ in. WEIGHT: _____ lbs.
(200lb weight limit)

*****This area must be completed by legal guardian if rider is less than 18 years of age*****

FATHER: _____ PHONE # (Cell/Home) _____

EMPLOYER: _____ (work) _____

MOTHER: _____ PHONE # (Cell/Home) _____

EMPLOYER: _____ (work) _____

IN CASE OF EMERGENCY CONTACT: _____ PHONE: _____

CONTACT: _____ PHONE: _____

RIDING LESSON INFORMATION

RIDING LESSON AVAILABILITY: LIST THE DAY (*MONDAY – THURSDAY*) AND THE TIME YOU COULD ARRIVE FOR WEEKLY LESSONS.

1ST CHOICE: _____ 2ND CHOICE: _____ 3RD CHOICE: _____
DAY TIME DAY TIME DAY TIME

CHECK THE SESSIONS YOU ARE INTERESTED IN BELOW: (SUBJECT TO CHANGE)

- SESSION #: 1: FEBRUARY 27 – MARCH 27 (5 weeks) 4: SEPTEMBER 18 – OCTOBER 30 (7 weeks)
 2: APRIL 10 – MAY 15 (6 weeks) 5: NOVEMBER 6 – DECEMBER 11 (6 weeks)
 3: MAY 22 – JUNE 26 (6 weeks)

Have you ever taken riding lessons before? _____ If Yes, Explain: _____

RIDER'S CONSENT FOR EMERGENCY MEDICAL TREATMENT

RIDER'S NAME: _____

DATE OF BIRTH: _____ GENDER: _____ AGE: _____

PHYSICIAN'S NAME: _____ PHONE: _____

OFFICE ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

Person Authorized to give TEMPORARY assistance of care in the ABSENCE of PARENT / GUARDIAN:

NAME: _____

PHONE(S): _____ RELATIONSHIP: _____

PERFERRED MEDICAL FACILITY: _____

Describe any medical conditions requiring special treatment, including allergies, any current medications and dosages: _____

In case of medical emergency, the undersigned authorizes *Rattle Run Farms, LLC* to provide such medical assistance as they determine to be necessary. If the rider named above is younger than 18 years, the undersigned authorizes *Rattle Run Farms, LLC*, acting through the adult on its staff who has actual care, control, and possession of the child to consent to medical, dental, and surgical treatment of the child when the undersigned cannot be contacted. The undersigned represents to *Rattle Run Farms, LLC* that he or she is the child's parent and either (i) is not divorced from the other parent, or (ii) is divorced from the other parent, but has been authorized by a written court order to give consent to medical care, dental care and surgical treatment of the child. The undersigned will indemnify and hold *Rattle Run Farms LLC*, its officers, members, employees, and agents harmless if he or she is not empowered by law to give this consent.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the child, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent form from the undersigned.

No person can be accepted for riding instruction until this form has been completed by the parent/parents or guardian. If the person is of legal age (18), he or she may complete the form, if he or she is legally competent to do so. Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any organization concerned with this instruction, including *Rattle Run Farms, LLC* in the event of any accident that may occur.

DATE: _____
SIGNATURE OF PARENT/PARENTS/GUARDIAN FOR MINOR RIDER (UNDER THE AGE OF 18)

DATE: _____
SIGNATURE OF ADULT RIDER (OLDER THAN 18 YEARS)

INSURANCE CARRIER

POLICY NUMBER

PHOTO RELEASE

Riders may be photographed or videotaped and their names published for non-profit use in various ways: newsletter articles, community newspaper articles, videos, television broadcasts, lesson pictures, and Liberty Riders, Inc. web pages. If you do not want your child to have his/her name, picture or video taken please make your request in writing.

LIABILITY RELEASE

_____ (*Rider's Name*) would like to participate in the *Rattle Run Farms, LLC* program. I acknowledge the risks and potential for risks of horseback riding. 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 *Rattle Run Farms, LLC*, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/ my son/ my daughter/ my ward may sustain while participating at *Rattle Run Farms, LLC*.

WARNING: Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or death of a participant in an equine activity resulting from an inherent risk of the equine activity.

BY SIGNING BELOW, YOU ARE ACKNOWLEDGING, ACCEPTING, AND AGREEING TO ALL OF THE ABOVE RELEASES, LIABILITIES, AND CONDITIONS.

DATE: _____
PRINT NAME OF PARENT OR LEGAL GUARDIAN (IF UNDER 18 YRS.)

DATE: _____
SIGNATURE OF PARENT OR LEGAL GUARDIAN (IF UNDER 18 YRS.)

RETURN COMPLETED FORMS TO:



Rattle Run Farms, LLC.
7103 Gratiot Rd.
St. Clair, MI 48079



PAYMENT IS NOT ACCEPTED UNTIL THE FIRST SCHEDULED LESSON.