

Competition Farm

GENERAL RELEASE

I/WE HEREBY AGREE TO ASSUME ALL RESPONSIBILITY AND RISK FROM THE USE OF THE PREMISES OF COMPETITION FARMS WHETHER IT BE RIDING HORSES OWNED BY ME/US, LOANED BY OTHERS OR RENTED/ LEASED FROM COMPETITION FARMS, WHETHER ON OR OFF ITS PREMISES, AND FURTHER AGREE TO HOLD HARMLESS, ITS OWNERS, MANAGERS, INSTRUCTORS, COUNSELORS, TRAINERS, AGENTS, OR EMPLOYEES. I/WE UNDERSTAND THAT HORSE RELATED ACTIVITIES ARE POTENTIALLY HAZARDOUS TO HEALTH AND PROPERTY AND I/WE AGREE TO ASSUME ALL RESPONSIBILITY FOR SAID DAMAGES, INJURIES OR DEATH OCCURRING WHILE ON OR OFF THE PREMISES OF COMPETITION FARMS.

I/WE AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS THAT MAY BE IN EFFECT OR LATER ADOPTED AND THAT FAILURE TO COMPLY WITH SAME WILL RESULT IN FORFEITURE OF ALL RIGHTS DUE UNDER ANY CONTRACT WITH COMPETITION FARMS AND EXPULSION FROM THE PREMISES. IT IS UNDERSTOOD THAT THESE RULES AND REGULATIONS HAVE BEEN MADE TO MINIMIZE THE RISK OF INJURY WHILE IN THE PRESENCE OF THE ANIMALS AT COMPETITION FARMS. I/WE UNDERSTAND THAT COMPETITION FARMS IS NOT RESPONSIBLE FOR MINORS WHO ARE NOT ACCOMPANIED BY PARENTS AND THAT PARENTS AGREE TO ASSUME ALL RISKS INHERENT OR ASSOCIATED WITH COMPETITION FARMS EITHER ON OR OFF ITS PREMISES.

IN THE EVENT OF AN ACCIDENT, INJURY, SICKNESS, OR DEATH WHILE UNDER THE CONTROL OF COMPETITION FARMS. I/WE DO HEREBY CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL SERVICE THAT MAY BE RENDERED TO THE UNDERSIGNED AND/OR MINOR UNDER THE GENERAL OR SPECIFIC INSTRUCTIONS OF ANY PHYSICIAN OR HOSPITAL. IT IS UNDERSTOOD THAT THIS CONSENT IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS OR TREATMENT WHICH MAY BE REQUIRED, BUT IS GIVEN TO ENCOURAGE PROPER EMERGENCY MEDICAL TREATMENT UNTIL SUCH TIME AS THE UNDERSIGNED OR PARENT MAY GIVE FURTHER INSTRUCTION TO COMPLETE MEDICAL TREATMENT.

WARNING: UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES. (LAW SECTION 88) THE UNDERSIGNED SHALL PAY FOR ALL MEDICAL FEES AND TRANSPORTATION REASONABLY AND NECESSARILY INCURRED.

Rider's Name:		Date of Birth:	
Current Riding Level (please check one): <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced			
Address:			
City:		State:	Zip:
Phone Number:		Email Address:	
Emergency Contact:	Name:	Phone:	
Does the above named rider suffer from allergies to medication?			
Does the above named rider have an existing medical condition?			
Parent/Guardian Name:		Signature:	Date:

Please read and sign below:

I hereby enroll my child for the Riding Program at Competition Farm. I agree to pay the mentioned instruction fee. I understand that no refunds whatsoever will be made to me should my child fail to complete the program or is asked to leave the program resulting from poor sportsmanship or improper conduct unbecoming of the rider and/or repeated infractions of the rules, be it student or parent. I acknowledge receipt of and understand that certain rules are in effect at the farm. Competition Farm will not be responsible for any jewelry, clothing, or equipment that may be lost, stolen, or broken. I represent and warrant that my child is in good health and know of no physical problem that would endanger my child's well-being or that of other students. I realize that the activities of the farm involve physical contact with horses and hereby waive any and all claims from Competition Farm, Marianne Pack, Erica Garcia, or any other instructor teaching, for any physical injury in connection with my child's instruction at Competition Farm.

SAFETY RULES

Always follow instructions.

Always use a lead line when walking your horse.

Always use caution when approaching or handling horses.

Always touch and talk to your horse when grooming or moving around it.

Always be careful to keep your feet out of the way of the horse's feet.

Always mount and dismount from the left side of your horse.

Always wear a helmet when riding.

Always dismount and hold your horse in case of an emergency.

Always close and latch the stall doors.

Never leave your horse unattended.

Never walk behind horses.

Never hand feed a horse without permission.

Never attempt to chase or catch a loose horse by yourself. GET AN ADULT.

Never scream, run, or play around the horses or in the barn.

OBEY ALL OF THE RULES AND INSTRUCTIONS GIVEN TO YOU, THEY ARE FOR YOUR SAFETY!

I have reviewed these Safety Rules with my child and STRESSED their importance.

Parent's Signature:	Date:
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Credit Card Authorization

SELECT TYPE OF CARD:				<input type="checkbox"/> AMEX	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER
Cardholder's Name:							
Cardholder's Address:							
City:				State:		Zip:	
Credit Card Number:					Exp. Date:		
I, _____, hereby authorize Competition Farm to apply agreed amount on my credit card.							
<input type="checkbox"/> YES, I WOULD LIKE TO BE ON AUTO PAY.				<input type="checkbox"/> NO, I DO NOT WANT TO BE ON AUTO PAY.			
Cardholder's Signature:							