

RED TAIL ACRES EQUESTRIAN CENTER
27081 32 Mile Richmond, MI 48062
810-305-3551

RIDER REGISTRATION AND RELEASE FORMS

RIDER'S NAME: _____ AGE: _____

BIRTHDATE: _____ HEIGHT: _____ WEIGHT: _____

EMAIL: _____ CELL: _____

RESPONSIBLE PARTY IF OTHER THAN RIDER

NAME: _____ CELL: _____ RELATIONSHIP: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ CELL PHONE: _____

RELATIONSHIP TO RIDER: _____

NAME: _____ CELL PHONE: _____

RELATIONSHIP TO RIDER: _____

NAME: _____ CELL PHONE: _____

RELATIONSHIP TO RIDER: _____

PHOTOGRAPHY, VIDEO AND WEB PUBLISHING

Riders may be photographed or recorded, and their names published for non-profit use in various ways including, but not limited to: newsletter articles, community newspaper articles, videos, television broadcasts, lesson pictures, and Red Tail Acres Equestrian Center web pages. If you do not want yourself or your child to have his/her name, picture or video taken please make your request in writing and return it to Red Tail Acres Equestrian Center. Please initial _____

LIABILITY RELEASE

_____ would like to participate in the Red Tail Acres Equestrian Center riding program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risks 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 Red Tail Acres Equestrian Center, Instructors, Therapists, Aids, Volunteers, and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in the Red Tail Acres Equestrian Center riding program.

WARNING:

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

DATE: _____
PRINT NAME OF RIDER, PARENT OR LEGAL GUARDIAN (if rider is not one's own guardian or over 18)

DATE: _____
SIGNATURE OF RIDER, PARENT OR LEGAL (if rider is not one's own guardian or over 18)

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In care of medical emergency, the undersigned authorizes Red Tail Acres Equestrian Center to provide such medical assistance as they determine to be necessary. If the rider named above is younger than 18 years, the undersigned authorizes Red Tail Acres Equestrian Center 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 Red Tail Acres Equestrian Center 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 and dental care and surgical treatment of the child. The undersigned will indemnify and hold Red Tail Acres Equestrian Center 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(s)/guardian. If the person is of legal age (18) he or she may complete this 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 Red Tail Acres Equestrian Center in the event of any accident that may occur.

Parent/guardian signature (if rider is under
18)_____

Signature of rider (over 18)

Date: _____

Insurance carrier: _____ Policy number:
