

**All Riders and Parents or Legal Guardians**  
**must sign below after reading this entire document:**

A. ACTIVITY RISK CLASSIFICATION – Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe, requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.

B. NATURE OF RIDING HORSES – No horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse to ground it will generally be at a distance of from 31/2 to 51/2 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where on much smaller, weaker predator animal (human) tries to impose its will on, and become one unit of movement with another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short, changing directions or speed at will; shifting its weight; bucking; rearing; kicking; biting; or running from danger.

B. RIDER RESPONSIBILITY – Upon mounting a horse and taking up the reins, the RIDER is in primary control of the horse. The RIDER'S safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. The RIDER shall be responsible for his/her own safety.

C. CONDITIONS OF NATURE – **HOPEFUL FARM EQUESTRIAN CENTER** is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. **SOME EXAMPLES ARE:** thunder, lightening, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, fly near, bite and/or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.

D. ACCIDENT/MEDICAL AND PERSONAL LIABILITY INSURANCE – Should medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses. Should my actions or that of my horse cause injury or damage of any kind, I and/or my own personal liability shall pay for such damages.

E. PROTECTIVE HEADGEAR WARNING – I have been fully warned and advised by **HOPEFUL FARM EQUESTRIAN CENTER** that the RIDER should purchase and wear protective headgear (riding helmet), and that the wearing of such headgear while mounting, riding, dismounting, and otherwise being around horses, may prevent or reduce severity of some head injuries and even prevent death from happening as the result of a fall or other occurrence. Minors 16 and under are required to wear protective headgear.

F. LIABILITY RELEASE – In consideration of **HOPEFUL FARM EQUESTRIAN CENTER** allowing my participation in this activity, under the terms set forth herein, I, the RIDER, and the parent or guardian thereof if a minor, do agree to hold harmless and release **HOPEFUL FARM EQUESTRIAN CENTER**, its owners, agents, employees, officers, members, premises owners, insurers, and affiliated organizations from legal liability due to **HOPEFUL FARM EQUESTRIAN CENTER** ordinary negligence; and I do further agree *that except in the event of HOPEFUL FARM EQUESTRIAN CENTER gross negligence and willful and wanton misconduct*, I shall not bring any claims, demand, legal actions and causes of action, against **HOPEFUL FARM EQUESTRIAN CENTER** and/or its associates, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of **HOPEFUL FARM EQUESTRIAN CENTER**, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of **HOPEFUL FARM EQUESTRIAN CENTER**.

**SIGNER STATEMENT OF AWARENESS**

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT ARE TRUE AND ACCURATE.

\_\_\_\_\_  
SIGNATURE OF RIDER

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT, GUARDIAN OR SPOUSE

DATE \_\_\_\_\_

# Medical Release Form

Rider's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Does the rider have allergies? Yes/No      Allergies: (food, drug, plants, insects, etc.)

Is the rider taking medication(s)? Yes/No

Any specific activities to be discouraged or limited by participant's physician? Yes/No

Any disability or chronic recurring disease? Yes/No

Operations or serious injuries? Yes/No

Are there any other health or learning considerations that need to be known by the riding instructors at **HOPEFUL FARM EQUESTRIAN CENTER**? Yes/No

Please explain any "yes" answers here:

---

---

---

## FOR NEW STUDENTS WHO HAVE TAKEN LESSONS PREVIOUSLY:

Where did you take lessons? \_\_\_\_\_

For how long? \_\_\_\_\_

Can you... (check all that apply):

- Lead a pony?
- Adjust your tack?
- Mount unaided?
- Walk & and halt your pony unaided?
- Post while trotting?
- Change diagonals?
- Canter on the correct lead?
- Change leads?

*The American Academy of Pediatrics (AAP) recommend that young riders in all organizations and activities that promote or sanction horseback riding wear helmets that meet the 1988 ASTM testing standard as certified by SEI when riding horses.*

**ALL RIDERS ARE REQUIRED TO WEAR RIDING HELMETS**

At **HOPEFUL FARM EQUESTRIAN CENTER** we take safety seriously.

## Medical History Form

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in horseback riding. A positive response to a question does not necessarily disqualify you from riding. A positive response means that there is a pre existing condition that may affect your safety while riding and you must seek the advice of your physician.

Please answer the following questions on your past or present medical history with a check mark. If you are not sure, check it. If any of these items apply to you, you must have written approval from a physician prior to participating in horseback riding lessons at **HOPEFUL FARM EQUESTRIAN CENTER**.

Do you regularly take prescription or non prescription medications

### Have you ever had or do you currently have ...

Asthma or wheezing with breathing, or wheezing with exercise?

History of chest surgery?

Behavioral health problems?

Epilepsy, seizures, convulsions or take medications to prevent them?

Recurring migraine headaches or take medications to prevent them?

History of blackouts or fainting (full/partial loss of consciousness)?

History of recurrent back problems?

History of back surgery?

History of diabetes?

History of back, arm, or leg problems following surgery, injury, or fracture?

History of high blood pressure or take medicine to control blood pressure?

History of any heart disease?

History of heart attacks?

Angina or heart surgery or blood vessel surgery?

History of ear disease, hearing loss or problems of balance?

History of bleeding or other blood disorders?

History of colostomy?

History of drug or alcohol abuse?

History of depression/suicide attempt?

### HEALTH INFORMATION

This health history is correct as far as I know, and the person herein described has permission to engage in horseback riding lessons except as noted.

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

Signature of Rider or Parent /Guardian (if rider is a minor): \_\_\_\_\_