

Saddle Valley Farm
Alex & Elaine Morrow
2557 Ackermanville Road
Bangor, PA 18013
1-610-588-8713

APPLICATION FOR RIDING LESSONS (Adult)

STUDENT'S NAME: _____ BIRTH DATE _____

ADDRESS: _____ WEIGHT _____

RIDING EXPERIENCE: _____

ALLERGIES OR MEDICAL PROBLEMS: _____

E-MAIL: _____ Home ph# _____

Wk Ph # _____ Cell Ph# _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

ADDRESS (if different) _____

Home ph# _____ Wk Ph # _____ Cell Ph# _____

RELEASE:

The undersigned acknowledges that in consideration of being permitted to participate in riding activities at Saddle Valley Farm, and aware of the risk of injury from horse related activities, he or she assumes the risk and responsibility for injury and agrees to be responsible for and does hereby release Saddle Valley Farm Inc., Rocking AM Corp., on property owned by Elaine and Alex Morrow: and further agree to release the corporations, owners, lessees, trainers, and teachers from all liabilities, including negligence, by reasons of injury to himself or herself or his or her property during riding activities, including riding lessons, trail rides, exercise, jumping, caring for horses before and after riding, showing- etc.

It is agreed that the rider will wear safety equipment, i.e.: hard hats and hard boots at all times when riding

The Undersigned hereby consents to any medical and surgical diagnosis or treatment including but not limited to examinations, x-rays, and anesthetic treatment that may be rendered to him or her under instructions of any physician or hospital. This consent is given in advance in order to encourage Saddle Valley staff and hospital staff to exercise their best judgment as to the requirement for such diagnosis and treatment. The undersigned shall pay all related fees that are reasonable for the necessary treatment.

Signature of Student

Warning: You assume the risk of equine activities pursuant to Pennsylvania Law.

Notice: You are responsible the payment for lessons cancelled unless 24-hour notice is given.