



Horse of Course Stables, LLC
Rider Information
(Under 18)

Rider Name: _____ Birthday: ____/____/____

Contact Info

Phone Number: _____ Address: _____

Email: _____

Occupation: _____

(of Parent) (We do many networking events here we would like to keep you in the loop ☺)

In Case of Emergency

Name: _____ Phone Number: _____

Medical Information

List all allergies:

List all health, physical and mental conditions/limitations:

Horseback riding is a high-risk sport. While our horse professionals take all precautions and safety measures against injuries, please know that horses in general may be unpredictable and accidents may occur. Despite precautions injuries can and will occur. I understand that equine activities are potentially dangerous and my instructor/trainer cannot be held liable. Therefore I ASSUME ALL RISKS RELATED TO THE ACTIVITY.

My signature below indicates that I have read, understand and accept and freely sign this agreement.

Parent/Guardian Signature

Date