Wellness Horsemanship application

WARNING

Horses, horseback riding and all its related activities are dangerous and there are risks involved in your participation. You can be seriously/permanently injured or killed as a result of your participation in horses, horseback riding or its related act.

First name of rider_____

Last name_____

Name of legal Guardian if under the age of 18 years
_____

Phone number of rider_____

Emergency Contact Information

First name_____ Last name_____

Phone_____ Email_____

Address_____
Relationship to Participant _____

Please check any that apply to you or your child

_____ Age 18 or older _____ under age 18

_____ Over 240 lb. _____ Under 100lb

_____ Under 10 hours riding experience _____ over 10 hours of riding experience

Please describe your riding
experience_____

_____ I carry medical insurance _____ I do not carry medical insurance

_____ I have a fear of animals if so
explain_____

Does this participant have any physical or mental condition(s), which may affect his/her safety and ability to ride, drive and/or be around a horse in any way? Yes_____ No_____ (if yes explain) _____

WARNING: UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. (Fla. Stat., Chapter 773.04)

All information provided is correct and truthful

_____ _____

Participants (over 18 yrs) or legal guardian Date

Please let know how you heard about us

Google add_____ Facebook add_____ Social Media_____

Billboard_____ Style Mag_____ Lake Eustis Mag_____

Facebook Page introduction _____ Friend _____ Webpage _____

Other_____

If others or a person referred you to us please let us kindly know who that is so we can thank them.

_____