

Lesson Agreement

Last Name	First Name	Home Phone	Cell Phone
Address	City	State	Zip Code
Age	Date of Birth	Male or Female	
Father's Name	Work or Cell Phone	Mother's Name	Work or Cell Phone
Doctor's Name	Doctor's Phone	Insurance Company	

LESSONS ARE PAID MONTHLY. \$10.00 CHARGE IF NOT PAID WITHIN THE MONTH.

Initial the paragraph which applies to you:

The staff of **Rose Ridge Farm** has my permission to use its judgment with regard to treatment in case of emergency, until I can be contacted. I hereby authorize any physician or hospital to proceed with treatment should my child require emergency treatment, in the event I cannot be reached immediately.

I refuse to allow treatment without contacting me in person, and I guarantee that I will be available at all times when my child is involved in **Rose Ridge Farm** activities. I hereby absolve **Rose Ridge Farm** of any responsibility for treatment.

Lesson Agreement and Release

I hereby make application for the use of a **Rose Ridge Farm** horse under supervision only. I understand that **Rose Ridge Farm** has complete authority over use of said horse and that any use of that horse must be approved by **Rose Ridge Farm**.

Upon my acceptance of horse and equipment, I acknowledge that I assume full responsibility for my safety. I further understand that I ride at my own risk and I agree to hold the **Rose Ridge Farm** owners, agents or employees harmless from every and all claims which my arise from injury which might occur from use of said horse and/or equipment, in favor of myself, my heirs, representatives or dependents. I understand that the stable does not represent or warrant the behavior or actions of the horse furnished. I understand that spectators and participants assume all risks, and that **Rose Ridge Farm** is not responsible for accidents, injury or theft to persons, property or livestock.

Warning: UNDER GEORGIA 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 OR EQUINE ACTIVITIES, PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED.

Signature of Parent/Guardian

Date

Please complete and sign Trainer's Contract ~ Page 2

Trainer's Contract

Rider's Last Name

Rider's First Name

AGREEMENT AND RELEASE

I hereby make application for the use of a **Rose Ridge Farm** horse under supervision only with **Elizabeth M. Lynch**. I understand that **Rose Ridge Farm** has complete authority over use of said horse and that any use of that horse must be approved by **Rose Ridge Farm** and **Elizabeth M. Lynch**.

Upon my acceptance of horse and equipment, I acknowledge that I assume full responsibility for my safety. I further understand that I ride at my own risk and I agree to hold the **Rose Ridge Farm** owners, agents, employees, and **Elizabeth M. Lynch** harmless from every and all claims which may arise from injury which might occur from use of said horse and/or equipment, in favor of myself, my heirs, representatives or dependents. I understand that the stable does not represent or warrant the behavior or actions of the horse furnished. I understand that spectators and participants assume all risks, and that **Rose Ridge Farm** is not responsible for accidents, injury or theft to persons, property or livestock.

WARNING

UNDER GEORGIA 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, PURSUANT TO CHAPTER 12 OR TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED.

Signature of Parent or Guardian

Date