

Course Brook Farm
Release Form/Student Application

This document covers the providing of riding instruction by an authorized instructor of Course Brook Farm to the student named below. By signature hereon Course Brook Farm agrees to provide the instructor, horse and facilities to deliver the instruction and the Student (or parent or guardian) agrees to attend and pay for the instruction according to this application. PLEASE READ THIS DOCUMENT CAREFULLY AND DO NOT SIGN IT UNLESS YOU FULLY UNDERSTAND IT.

Student's Name: _____ Date of Birth: _____
Address: Street _____ City _____ State _____ Zip _____
Telephone: (Days) _____ Telephone: (Evenings) _____
Email: _____

If Student is under eighteen (18) years of age:

Parent or Guardian: _____ Relationship to Student: _____
Address: Street _____ City _____ State _____ Zip _____
Telephone: (Days) _____ Telephone: (Evenings) _____
Email: _____

In case of emergency, please contact:

Name: _____ Relationship to Student: _____
Address: Street _____ City _____ State _____ Zip _____
Telephone: (Days) _____ Telephone: (Evenings) _____

Background:

Prior riding experience: From _____ To _____ Years: _____ # of lessons: _____
What do you feel your current level of riding is? Beginner _____ Intermediate _____ Advanced _____

Release

I, the student, (or parent or guardian) recognizes the inherent risks of injury involved in horseback riding generally and in learning to ride/drive in particular. In taking lessons with Course Brook Farm, I assume any and all such risk of injury and further, I voluntarily release Course Brook Farm, its owners, instructors, employees and agents, from any and all liability on account of any injury I (or my child or ward) may sustain while on the premises of Course Brook Farm and I agree to indemnify and hold harmless Course Brook Farm, its owners, instructors, employees and agents on account of any such claim.

WARNING - Under Massachusetts law, an equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities, pursuant to Chapter 128, Section 2D of the General Laws.

Student or Parent/Guardian: _____ Date: _____

Medical Authorization

In the event that the above named student requires medical treatment on account of any accident or injury which may occur in connection with any activities with Course Brook Farm, the staff/instructors of Course Brook Farm, and its owners are hereby given full authority to engage any necessary emergency medical services for the above named student including the administering of anesthesia, in the event the student is not able to act for him/herself (or in the absence of a parent or a guardian).

I, (the above named student) am allergic to the following medications (if none, state none): _____

Student or Parent/Guardian: _____ Date: _____

Cancellation Policy and Rules

48 hour notice to cancel lessons or they will be billed at full lesson rate.

NO SMOKING ON PREMISES AT ANY TIME.

I/we have read this student application carefully and fully understand the contents of this document. I/we have received a price list and cancellation policy. I/we agree to the contents of this document.

Student or Parent/Guardian: _____ Date: _____