

Drafty Pines Farm

Riders Registration and Release Form

Rider's Name _____ DOB _____ Height _____ Weight _____

Address _____ City/State/Zip _____

Home Phone _____ Work _____ Cell _____

E-mail address _____ Parent/Guardian _____

PHOTO RELEASE _____ I hereby consent to and authorize

_____ I do not consent to nor do I authorize

The use and reproduction by Drafty Pines Farm of any and all photographs and other audiovisual materials taken of me for promotional printed material or for other use for the benefit of the program.

RELEASE AND WAIVER OF LIABILITY (Required) Please initial each statement.

_____ (Rider's name) would like to participate in the Drafty Pines Farm Riding Program. I acknowledge the risks associated with horseback riding and understand that horses can act in sudden and unpredictable ways, especially if frightened or hurt.____ Furthermore, I understand that serious injury or death may result from horse related activities.____ However, I also acknowledge the possible benefits to these activities. I have read the two (2) Equine Liability Signs (CT Statutes 52-557p and the Supplemental Equine Activity sign) posted on the barn and understand that I ride at my own risk.____ For my own safety, I agree to wear a riding helmet, (my own or one provided by Drafty Pines Farm) long pants and short-heeled boots during the lesson____. I also agree to follow the directions of my instructor and that any misconduct or refusal by me to follow any direction will result in removal from my horse no matter where that may occur.____ I hereby, intending to be legally bound, for myself and my heirs, waive the liability of all claims for damages against Drafty Pines Farm, its Owners, and/or Volunteers for any and all injuries and/or losses I may sustain while participating in the program.____

Signature of Rider and guardian (if under 18 years of age)

Date

Drafty Pines Farm
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