



PLEASE READ BEFORE SIGNING

Equine Activity Act

Each participant who engages in an equine activity expressly assumes the risks of engaging in, and legal responsibility for injury, loss or damage to person or property resulting from the risk of equine activities.

Date: _____

I, _____ (student), at my own initiative, risk, and responsibility, will be taking horseback riding lessons from the instructors at Huntermark Farm.

I understand the risks involved in horseback riding, and I release Huntermark Farm, Jan Rock, Rachel Rock Robinson, Schone's Friendship Farm, Roger and Deb Schone, and their agents, employees, and all other persons from all claims arising out of this activity or the use of the premises.

I understand that I am required to wear a protective helmet. I understand that I am responsible for providing my own ASTM approved riding helmet. It is also understood that in the case of injury, the instructor and the staff at Schone's Friendship Farm have the authority to sign for emergency care.

Signatures on this form indicate that each person has read and understands the above.

Signature of student (parent/guardian if under 18):

_____ Student's birthday: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

phone numbers: _____

referred by: _____