## TRIPLE S EQUINE FARM

## RIDING LESSONS APPLICATION

Welcome to our riding lessons! Our goal is to make your riding lesson a pleasant experience for both you and the horse! We have experienced horses and ponies, an excellent instructor, a great facility, and dedicated students - some of whom have been with us for years.

Before we schedule your lesson, we MUST RECEIVE THIS APPLICATION AND SIGNED RELEASE FORM from you.

Please note, at times, we must place people on a waiting list, but we will schedule you as soon as we can.

Signature of Student or Parent (if student is a minor)

Enjoy your lessons, and if you have any concern	s, questions, or ideas - don't hesi	tate to let us know!	
STUDENT'S NAME:			
PARENT (if student is a minor):			
ADDRESS:			<u></u>
EMAIL:			<u></u>
PHONE (H):	PHONE(C):		<u></u>
STUDENT'S AGE:	BIRTHDATE:		
HEIGHT:	WEIGHT:		
RIDING EXPERIENCE (CIRCLE ONE): NONE	HAVE RIDDEN	TAKEN LESSONS	ATTENDED CAMP
PLEASE DESCRIBE RIDING EXPERIENCE IN MO	DRE DETAIL:		
CIRCLE <u>INCONVENIENT</u> DAYS: SAT S	SUN MON TUES WED THU	FRI	
ARE YOU AVAILABLE FOR WEEKDAY LESSONS	S? YES NO		
WHAT IS THE EARLIEST YOUR CHILD COULD A	ARRIVE AFTER SCHOOL?:		
DESCRIBE MENTAL/PHYSICAL AILMENTS/DISARIDING ACTIVITIES:	ABILITIES THAT MAY AFFECT YO		
LIST ANY CURRENT MEDICATIONS & DOSING:			
FAMILY DOCTOR'S NAME AND PHONE:			
INSURANCE CO. AND POLICY NO:			
EMERGENCY CONTACT NAME:			
EMERGENCY CONTACT PHONE:			
	<u> </u>		

**Date** 

## TRIPLE S EQUINE FARM

## RELEASE, WAIVER AND INDEMNITY AGREEMENT

I hereby acknowledge and understand that horseback riding and the handling of horses and ponies are dangerous activities which can result in injury or death. I, the undersigned, from this date on, hereby release, indemnify, and hold harmless Jeff Owens, Kendel Robbe, Kandyce Robbe, DoriAnn Allen, Destiny Allen, Kaitlynne Allen, Brad Stivers, Barry Courts, Lisa Courts and/or Triple S Equine Farm and any/all of their employees, from any/all claims, actions, suits, and/or damages that may occur as a result of any injuries sustained while taking horseback riding instruction, trail riding, handling, or being near horses or ponies on the property of Triple S Equine Farm. This shall include all losses, damages, costs, and counsel fees that may occur as a result of injury, and related claims by any parties. I understand that risks are involved in riding, handling, or being near horses and ponies. By signing this agreement, I take full responsibility in the event of any injury. I have read this release, waiver and indemnity agreement, understand the risks involved and agree to assume them. I sign this agreement voluntarily and with full knowledge of its significance.

PRINT STUDENT'S NAME:			
PRINT PARENT'S NAME:(if student is a minor)			
ADDRESS:			
PHONE (H):		PHONE(C):	
EMAIL ADDRESS:			
Signature of Student or Parent (if student is a	minor)	Date	

**CONTACT INFORMATION** 

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