

Spur On Farm Rider Registration and Release Form

Rider Name: _____ Age: _____ Weight: _____ Sex: M/F

Mom/Guardian: _____ Cell Phone(s): _____

Dad/Guardian: _____ Cell Phone(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

E-Mail: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Medications: _____ Allergies: _____

Health Concerns or Restrictions: _____

Current Horse Experience: Beginner: _____ Intermediate: _____ Advanced: _____

Photo Release

I hereby consent to and authorize the use and reproduction by Spur On Farm and Jennifer Rohlen of any and all photographs and any other audiovisual materials taken of me/my child for promotional printed material, educational activities, exhibitions, or for any other benefit of the program.

Liability Release

I acknowledge the risks and potential for risks of activities with horses. However, I feel the possible benefits to myself/child are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors and administrators waive and release forever all claims for damages against Spur On Farm, Jennifer Rohlen, the landowner, surrounding landowners, sponsors, instructors, aides, volunteers and/or employees for any and all injuries and/or losses I/my child may sustain while participating at Spur On Farm or horse related activities off premises.

Emergency Release

In the event of emergency medical aid/treatment is required due to illness or injury while participating in activities at the farm, I authorize Spur On Farm to :

1. Secure and retain medical treatment if needed.
2. Release client records upon request to authorized individual or agency involved in the medical emergency treatment. This authorization includes x-rays, surgery, hospitalization, medication and any treatment deemed "life saving" by the physician. This provision will only be invoked if the parent/guardian or emergency contact person cannot be reached.

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 of Title 4 of the Official Code of Georgia Annotated.

- 1) I have read and fully understand Chapter 12 of Title 4 of Georgia Law and the above releases and give Photo, Liability and Emergency Consent as described above.
- 2) I hold no person or persons responsible for any accident or injury resulting from a horse activity in and around this facility.

Signature (parent/guardian): _____ Date: _____

Print Name: _____