



GARROD FARMS RIDING STABLES REGISTRATION FORM

Important – READ, SIGN, AND DATE COMPLETELY

Rider's Name: _____ Age: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Riding Exp. (circle): (1) None (2) 1 to 5xs (3) 6 to 15xs (4) over 15xs

MEDICAL STATEMENT FOR PARTICIPATION IN HORSEMANSHIP ACTIVITIES

I hereby certify that (**I am**) not under the influence of alcohol or drugs, symptoms of COVID-19 or under treatment for any physical infirmity or chronic ailment, or injury of any nature, and that (**I have**) normal vision or (have) never been treated for any of the following:

- 1) cardiac or pulmonary condition or disease
- 2) high or low blood pressure 3) nervous disorders
- 4) fainting spells or convulsions 5) diabetes
- 6) hard of hearing 7) kidney or related diseases

Signature: _____ **Date:** _____

RELEASE OF INTEREST

- Pony •Trail/Arena • Lesson

I, _____ am aware that Horsemanship activities may be HAZARDOUS ACTIVITIES, and I am VOLUNTARILY participating in these activities with knowledge of the DANGERS involved and HEREBY ACCEPT ANY AND ALL RISKS OF INJURY, EXPOSURE TO OR INFECTED BY COVID-19 OR DEATH. _____ (**INITIAL**)

In addition, I HEREBY INDEMNIFY, RELEASE, AND DISCHARGE Stables, Garrod Trust, and the Trustees, Officers, Directors, Employees, and Agents thereof, and each of them, from all actions, claims, or demands I, my heirs, distributes, Guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from my participation in horsemanship activities.

Sign: _____ **Date:** _____