



RIDERS REGISTRATION

No individual can be accepted for riding instruction at Horseplay Farms, LLC and/or Our Heroes, Inc. until this form has been completed by the rider's parent or legal guardian, or the rider themselves if they are a legally competent adult over the age of 18

PURPOSE FOR REGISTRATION: **Riding Lesson** **Trail Ride** **Event**

RIDER INFORMATION: **Permanent Resident** **Out of State Visitor / How Often?** _____

Full Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work: (____) _____

Email Address: _____

PARENT/GUARDIAN(S) (IF RIDER IS UNDER THE AGE OF 18)

Full Name: _____

Street Address: **Same** _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work: (____) _____

Email Address: _____

Does the rider have previous experience riding horses?

None **Some/Casual** **Extensive**

Briefly Explain: _____

Height: _____ Weight: _____ (used for matching horses)

Riding Discipline: **English** **Western** **No Preference**

Does the rider have any medical conditions (allergies, ADHD, etc.) we should know about?

Briefly Explain: _____

PHYSICIAN INFORMATION

Full Name/Name of Practice: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone Number: _____

EMERGENCY CONTACT IN ABSENCE OF PARENT/GUARDIAN

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work: (____) _____

Relation: _____

AUTHORIZATION TO PROVIDE EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency or illness while participating in services of Horseplay Farms, LLC or Our Heroes, Inc., I authorize Horseplay Farms to secure and retain medical transportation and/or treatment for myself or my child/ward. The emergency contact listed above will be contacted. I authorize Horseplay Farms LLC and Our Heroes, Inc. to use the information provided on this form to assist in the emergency medical treatment of myself or my child/ward.

Signature: _____ Date: _____

Preferred Emergency Medical Facility: _____

PHOTO RELEASE FORM

After valuable consideration, which is hereby acknowledged to be sufficient, the undersigned hereby grants permission to Horseplay Farms, LLC and Our Heroes, Inc. to take or have taken still and moving photographs and films, including television footage, of the following individual:

Rider's Name: _____ Date: _____

The undersigned hereby consents and authorizes Horseplay Farms, LLC and Our Heroes, Inc. to use and reproduce photographs, films, and footage to circulate and publicize by all means including but without limit to the generality of newspapers, television media, internet promotion(s), Facebook, YouTube, blogs and websites, brochures, pamphlets, instructional materials, books and clinical/therapeutic materials. With regard to the foregoing material, no compensation was agreed upon or promised and it is with the full and uninduced consent that Horseplay Farms, LLC and Our Heroes, Inc. can use media representation of the undersigned for the purpose of promoting and aiding Horseplay Farms, LLC and Our Heroes, Inc. and their work.

Consent for Photographs (Check one): Yes _____ No _____

KNOWLEDGE OF RISK, ACCEPTANCE OF RESPONSIBILITY, & RELEASE OF LIABILITY

This release is valid in all legal proceedings.

I, _____, (parent of _____) hereby affirm that I am aware of the inherent hazards of horseback riding and other farm-related activities. I understand and agree that Horseplay Farms, LLC may not be held liable or responsible in any way for injury, death, or other damages to me or my family or my property, heirs, or assigns that may occur as a result of my participation in this farm-related activity or as a result of the negligence of any party, whether active or passive.

___ In consideration of being allowed to participate in this activity, I hereby personally assume all risks in connection with said activity, for any harm, injury, or damage that may befall me or my property while so engaged, including all risks connected therewith, whether foreseen or unforeseen. I understand that if an injury does occur that only my own personal health insurance or other insurance will be involved in a claim.

___ I further release and hold harmless said activity, horse's owner, and Horseplay Farms, LLC from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my participation in this activity, including both claims arising during the activity and/or before or afterwards.

___ I also understand that horse-related activities may be physically strenuous and that I may be exerting myself during this activity. I further understand that horses, dogs, cats, wildlife and nature itself may behave in unpredictable and potentially dangerous ways. I expressly assume the risk of injuries resultant from my participation in these activities and I will not hold responsible Horseplay Farms, LLC in any way. I further state that I am of lawful age and am legally competent to sign this liability release.

___ I understand that the terms and conditions of this release are contractual and not a mere recital, and that I have signed this document of my own free act.

NORTH CAROLINA EQUINE LIABILITY LAW Under North Carolina 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 exclusively from the inherent risks of equine activities.

Chapter 99E of the North Carolina Statutes

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Printed Name of Rider: _____

Signature: _____ Date: _____

Printed Name of Parent/Guardian (if under 18): _____

Signature of Parent/Guardian (if under 18): _____ Date: _____