

Application For
Horseback Riding (Adult)

Rider's Name: _____ Birth Date: _____

Address: _____ Height: _____

_____ Phone: _____

Previous Riding Experience: _____

Allergies or Medical Problems: _____

Person to call in the event of an emergency:

Name: _____

Address: _____

_____ Home Phone: _____

The undersigned acknowledges that they are participating in riding activities at Gwyn Meadows Farm, LLC and being aware of the risk of injury from horse related activities. They assume the risk of injury as the rider and agree that they will be responsible for and hereby release Gwyn Meadows Farm, LLC and Amy S Haskins from any and all liability, including negligence, by reasons of injury to themselves or their property during the riding activities, including, but not limited to riding lessons, trail rides, exercise, jumping, caring for horses before and after riding, fox hunting, showing, etc.

