

Including consents and  
Waivers of Liability  
PLEASE READ CAREFULLY

# Agreement 2020

La Fleur Stables LLC  
Madison Riding Academy LLC  
Hippo Institute Ltd.

I, \_\_\_\_\_, the legal guardian or parents of \_\_\_\_\_, agree to the following with  
your name horse person participate  
respect to participation by either of us in activities related to riding/driving instruction and coaching at La Fleur Stables LLC -  
Madison Riding Academy LLC - Hippo Institute Ltd., (hereinafter referred to as "Stables")

### Disclaimer:

I acknowledge that Stable, its Owners, trainers, instructors, managers, employees, agents, volunteers and/or other participants and clients are not responsible for any injury (or loss of property) to any person while participating in horse related activities, special events such as camps, demonstrations or horse shows, or in any other way related to horse riding/driving at Stable or related venues for any reason, including ordinary negligence on the part of Stable, its owners, trainer, instructors, managers, employees, agents, volunteers and/or other participants and clients.

### Consent to Participation:

I consent to my/my minor's participation in the activity and acknowledge that I fully understand that my/my minor's participation may involve risk of serious injury, illness or death including losses which may result not only from my/my minor's own actions or inactions but also from the negligence of others and/or the condition of the facilities, equipment, or areas where the activity is being conducted. I understand that if I have any risk concerns, I shall discuss them completely with Stable, its owners, managers, employees, agents or volunteers before I sign this agreement and before my/my minor's participation begins.

### Assumption of Risks:

Knowing and understanding the risks involved with participation in this activity, I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, illness and death, resulting from my/my minor's participation in the activity, including transportation to and from the activity. I agree I am financially responsible for any losses and damages resulting from my/my minor's participation in the activity.

### SafeSport:

I acknowledge that I am aware Safe Sport training is available for me/my minor that Stable's trainers and instructors have completed same. In 2019, the Stables policies will go into effect. The new policies are part of a congressional requirement mandating United State Equestrian Federation (USEF), as well as other amateur sports organizations and governing bodies, to implement policies and procedures that limit one-on-one interactions between minor athletes and adults who are not their parent/legal guardian. We designed these policies to work for equestrian sport, but please recognize that they are based on the uniform policies developed by the U.S. Center for SafeSport that will further protect minor athletes, under federal law. If a child is left alone with adult that isn't their parent/guardian they must have permission and pay the "DAYCARE" fee packages.

### Permission:

I hereby grant permission for the following actions or activities related to my/my minor's participation in the activities.

\_\_\_\_ I give permission to receive individual instruction at the farm and horse shows including limited physical contact to assist in instruction.

\_\_\_\_ I give permission for individual meetings between my child and the trainers/instructors if related to the training and instruction of my child at the farm and horse shows including limited physical contact to assist in instruction.

\_\_\_\_ I give permission to communicate directly with my child via **TEXT MESSAGES** at the following **phone number** if said communication is related to training and instruction. In below information.

\_\_\_\_ I give permission to communicate directly with my child via **EMAIL** at the following **email address** if said communication is related to training and instruction. In below information.

\_\_\_\_ I give permission to communicate directly with my child via **SOCIAL MEDIA**, including Facebook, Twitter, Instagram and Snapchat if said communication is related to training and instruction.

\_\_\_\_ I do not wish to be copied on each communication between my child and the trainers/instructors. Text messages, Email, Social Media.

\_\_\_\_ I do want to be copied on communication between my child and the trainers/instructors at the following. Phone number or email address.

\_\_\_\_ I give permission for my child to ride in any vehicle designated by Stable, its owners, trainers, instructor, managers and/or adult volunteers, while participating at horse shows if related to training and instruction.

Including consents and  
Waivers of Liability  
PLEASE READ CAREFULLY

# Agreement 2020

La Fleur Stables LLC  
Madison Riding Academy LLC  
Hippo Institute Ltd.

\_\_\_\_\_ I give permission for my child to stay overnight at the residence of a stable trainer/instructor, which residence is designed by Stables as appropriate and safe, while participating in training and instructing related activities. I understand my child will not share a room or sleeping arrangements with Stable's trainer/instructors or adult volunteers. I understand that I am allowed to inspect said residence and visit at any time during which my child is in residence.

\_\_\_\_\_ I understand that petting Horses/Dogs/Cats or other animals that are at the Stable without permission, for the Health of the animal, feel free to look but please refrain from petting any animals without asking the Stable management first. Good Hygiene practices are always recommended. Washing your hands often or the frequent use of hand sanitizers helps to protect the animals.

\_\_\_\_\_ I understand that the Stable cancellation policy— **Cancellation Policy-the stables requires 24 hour notice to cancel any riding program/horse adventure. Failure to give 24 hour notice will result in forfeiture of the program time and fee. No refund or credit will be given for failure to cancel or complete a lesson session. Parent/Guardian must do so, by phone call 608-833-3635, email [neva@Lstables.com](mailto:neva@Lstables.com).**

**Increment Weather Plan--If there is bad weather we will follow the City of Madison protocol.**

\_\_\_\_\_ I under, if I am boarding or using a horse owned by me or any acquaintance of mine the Stable in connection with Activities. I warrant and represent that such horse has the proper temperament and health for the Activities.

### **Policies - Code of Conduct:**

\_\_\_\_\_ I have read Policies -code of Conduct page about Horse Lover's rules, Family, Property, Stables and Programs.

### **Cell Phones:**

Cell phones are not allowed in the stables at anytime unless authorized by the owner or instructor of the barn. Please leave your cell phone in your car or you may check it in at the stable store. We are very strict about this policy, because we want to ensure the safety of all riders and horses.

### **Waiver of Liability:**

In consideration for my/minor's participation in the activity. I hereby waive all claims or causes of action, including ordinary negligence, against Stables, its owners, trainers, instructors, managers, employees, agents and/or volunteers, arising out of my/minor's participation in the activity however, wherever and whenever that same my occur.

I understand that this waiver is meant to be as broad and inclusive as permitted by the laws of Wisconsin, and agree that if any portion is held invalid, the remainder of the waiver shall continue in full legal force. I further agree that the venue for any legal proceeding shall be within the **5 years of your start date at the Stables. Wisconsin Statutes NOTICE 895,481(1)(E): A person who is engaged for compensation the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or being a passenger upon an equine is not liable for the injury or death of a person involved equine activities resulting from the inherent risks of equine activities, as defined in section.**

### **Consent to Use of Emails/Videos/Photos:**

\_\_\_\_\_ I understand my/my minor's picture can be taken or that I/my minor can be filmed while participating in activities at Stable or when representing Stable at events. I hereby grant to Stable and its owners, trainers, instructors, managers, employees, agents, volunteers, photographers and/or videographers the right to take, use, publish, and copyright photograph(s) and videos of me/my minor in press releases, advertisements, publication, and/or promotions by Stable, including its website and/or social media websites, such as Facebook, Instagram, Twitter and/or YouTube, maintained by Stable and/or it's agents and individual employees. I hereby release Stable, its owners, trainers, instructors, managers, employees, agents, volunteers, photographers and/or videographers, from any and all claims or demands arising out of or in connection with said photography or videography or the publications of said photographs and videos.

### **Helmet Opt-Out for Riders over 18:**

\_\_\_\_\_ I expressly acknowledge that is the policy of Stable that ASTM/SEI certified helmets are MANDATORY for any rider under that age of 17 and under, UNLESS EXPRESSLY WAIVED. I expressly acknowledge that I understand the risks associated with not wearing as ASTM/SEI approved riding helmet. I am voluntarily choosing not to wear to wear a helmet and expressly assume any additional associated risk, because I'm over the age of 18 & over.

### **Protective Headgear Offering**

I, for myself and on behalf of my child and/or legal ward, have been offered protective headgear (riding helmet) by Instructor or have provided for myself protective headgear. Student understands that the wearing of such headgear while mounting, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some head injuries, and may even prevent death as the result of a fall or other occurrence. It is understood that Instructor provided headgear may not be of perfect fit for each Student head, and that once provided I/WE will be responsible for securing the helmet on Student head at all times. Minors MUST wear protective headgear.

Including consents and  
Waivers of Liability  
PLEASE READ CAREFULLY

# Agreement 2020

La Fleur Stables LLC  
Madison Riding Academy LLC  
Hippo Institute Ltd.

## ***PROTECTIVE HEADGEAR ACCEPTANCE***

I/WE request to wear protective headgear which Instructor provides.

I/WE will provide MY/OUR own headgear. I/WE accept full responsibility for MY/OUR safety in this decision.

### **Medical Authorization:**

I give permission to Stable owners, managers, trainers, instructors, employees and agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. I agree that I will be responsible for any financial debt incurred by said action.

I recognize the treat of exposure to tetanus that exists in the presence of livestock and acknowledge my responsibility to obtain inoculation and maintain protection against tetanus, a disease endemic to horses.

The following is a list of all insurance information, restriction, allergy and medication information necessary for me/my minor to receive appropriate medical care:

Clinic \_\_\_\_\_ Doctor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

*Circle if any —*

Vaccination - Tetanus -    No Specific Medical condition -    Epilepsy/Seizure Disorder -    Asthma -

Diabetes -    Emotional/Behavior ADD or ADHD -    Food Allergies

Signs or Symptoms to watch for Specify:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

I acknowledge and agree to all of the above statements.

Name \_\_\_\_\_ Date \_\_\_\_\_

Individually and as Parent or Guardian of the Minor Named \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relative &/or Friend \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Workplace \_\_\_\_\_

Parent/Guardian - What would you like your child to learn about horses?

What goals do you have for your child for the horses?

As a Parent/Guardian will you be — “Active” horse supporter or “Day Care” drop off

Has a Parent/Guardian be interested in ever taking horse event? Yes - No - Maybe

Have you liked La Fleur Stables/Madison Riding Academy social media pages? Great place to get updates.

Including consents and  
Waivers of Liability  
PLEASE READ CAREFULLY

# Agreement 2020

La Fleur Stables LLC  
Madison Riding Academy LLC  
Hippo Institute Ltd.

## Related Horse Lover's

Horse Lover Participate \_\_\_\_\_ Age of Rider \_\_\_\_\_ Gender \_\_\_\_\_

Horse Lover Participate \_\_\_\_\_ Age of Rider \_\_\_\_\_ Gender \_\_\_\_\_

Horse Lover Participate \_\_\_\_\_ Age of Rider \_\_\_\_\_ Gender \_\_\_\_\_

*Horse Programs/Adventures (circle the riding program)*

Amateur Night - Boarding/Training - Clinics/Seminars - Day Camps - Horse & Pony Experience

Leisure Outdoor Riding - Parties/Scouts & More -

Riding Lessons; Driving, Evaluation, Group, Private, Tiny Tot

## Horse Lover's Assessment

Beginner - Intermediate - Advanced - Show Horse Owner/Rider/Investor

Years been riding? \_\_\_\_\_ Type of Riding? \_\_\_\_\_

What is your interest in Horses? \_\_\_\_\_

What is your desire journey at our Stables? \_\_\_\_\_

Are you interested in future with horses? \_\_\_\_\_

Showing/competitions-volunteering \_\_\_\_\_

What school does participate attended? \_\_\_\_\_

School Name & Grade \_\_\_\_\_

*If you like to keep a credit card on file. We really enjoy checks.*

## Payments:

I have read and understand the Events participation agreement and the payment / refund policy for programs at the Stables. Will return the required forms on time. I also understand that when riders attend an event at their own risk and will not hold the Stable, its owners or employees liable in case of accident or injury to there or their possessions. I agree to the code of behavior.

Account Holder (Parent/Guardian) \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expire Date \_\_\_\_\_

Zip code \_\_\_\_\_ Amount \$ \_\_\_\_\_

I authorize charges to the credit card listed above for riding programs/horse adventures fee occurring.

I authorize a one time charge of \$ \_\_\_\_\_ to the credit card listed above for fees.

**TIPPING** "THE STAFF" is very much appreciated. Thank - You