



SUMMER RIDING PROGRAM AND RELEASE FORM

Farm Location: 369 Strawtown Road, West Nyack, NY 10994

Phone: 845-353-8006

Email: nickelo123@aol.com

(Please Print)

Please submit this form and payment made payable to Nickel-O Farms inc., at the barn
or mail to: 12 Old Mill Road, West Nyack, NY 10994.
Thank you for choosing Nickel-O Summer Riding Program!

Name of Rider: _____
Age of Rider: _____ Height: _____ Weight: _____
Allergies: _____
Health Concerns: _____
Parent/Guardian Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email Address: _____

PLEASE INDICATE BELOW THE WEEK(S) THAT YOUR CHILD WISHES TO PARTICIPATE IN THE SUMMER RIDING PROGRAM: (Check all that apply. Specific dates are listed each year at nickelofarms.com)

WEEK 1 WEEK 2 WEEK 3 WEEK 4 WEEK 5 WEEK 6 WEEK 7 WEEK 8
(Children will not be registered for our Summer Riding Program until full payment is received. The weekly fee is \$400.00)

RIDER'S LEVEL OF SKILL: (Circle One) **BEGINNER** **INTERMEDIATE** **ADVANCED**

THIS IS A RELEASE OF LIABILITY. PLEASE READ CAREFULLY BEFORE SIGNING. THIS FORM MUST BE COMPLETED FOR ALL RIDERS. In consideration for participating in horse related activities or instruction connected with Nickel-O Farms, the undersigned hereby agrees as follows:

INHERENT RISK OF ACTIVITY: I understand that horseback riding is a rugged recreational sport activity, and that there are numerous obvious and non-obvious inherent risks that may cause serious injury or death because of the unpredictable nature and irrational behavior of horses regardless of their training or past performance. No horse is a completely safe horse. The rider voluntarily assumes the risks, dangers, hazards and the possibility of personal injury, death, dismemberment, or property damage relating to equine activities.

RIDER RESPONSIBILITY: Upon mounting a horse and taking the reins the rider is in primary control of the horse. The rider's safety largely depends upon his/her ability to carry out instructions, follow established rules and pay attention. The rider (or rider's guardian) is ultimately responsible for his/her safety. The rider agrees to abide by all the rules of the facility.

SAFETY EQUIPMENT: An ASTM-standard/SEI-certified protective helmet has been provided or purchased by the rider. All riders under the age of 18 years of age must use this equipment properly at all times when engaged in equine activities.

LIABILITY RELEASE: In consideration of Nickel-O Farms allowing the rider's participation in equine activities, under the terms set forth herein, I, the rider, or parent or guardian of the rider, do agree to hold harmless and release Nickel-O Farms, its owners, agents, employees, officers, members, premises owners, insurers and affiliated organizations from legal liability due to Nickel-O Farms' ordinary negligence, and do further agree that except in the event of Nickel-O Farms' gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, or legal actions against Nickel-O Farms and/or its associates for any economic or non-economic losses due to bodily injury, death, property damage sustained by the rider or legal ward in relation to the premises and operations of Nickel-O Farms to include while riding, handling, or other otherwise being near horses owned by or in the care of Nickel-O Farms.

MEDICAL RELEASE: I, hereby, give my permission for any and all medical attention necessary to be administered to the above named rider in the event of an accident, injury, and illness, etc. under the direction of Nickel-O Farms. I hereby assume the responsibility for payment of any charges related to such treatment.

EMERGENCY CONTACT:

Name: _____ Relationship to Rider _____ Phone Number _____

DOCTOR:

Name: _____ Phone Number _____

I, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISKS. I, FURTHER ATTEST TO THAT ALL FACTS RELATING TO THE RIDER ARE TRUE AND ACCURATE.

Signature of Parent or Guardian _____ Date _____

For Office Use Only:

Cash: Amount _____ Check No: _____ Amount: _____ Date: _____
Accepted by: _____