

Whipple Tree Farm

Dianne Dix Gallatin - Manager / Instructor
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Please Print Clearly

RIDING LESSONS

Use Permanent Ink

Student Name: _____ Date of Birth ____ - ____ - ____
Address: _____ City _____ State _____ Zip _____
Home phone: (____) _____ Business phone: (____) _____
E-mail: _____ phone: (____) _____
Riding Level: _____ Kind of lessons desired: _____

Parent/Legal Guardian: _____ Home phone: (____) _____
(Complete remainder of this box if student is under 18 & parent / guardian address or phone #'s are different from above)
Address: _____ Business phone: (____) _____
City _____ State _____ Zip _____ Other phone: (____) _____

Family physician: _____ Telephone: (____) _____
Address: _____ City _____ State _____ Zip _____
Known Allergies or Physical Disability: _____

Please Note: *Lessons will start at the set time unless notified in advance. Please wear hard hat and appropriate clothing and shoes (boots preferred) for your own comfort and protection.*

*** WARNING *** PLEASE READ CAREFULLY ***

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

All reasonable efforts will be made to provide students with proper attention to insure their health and safety; however, Whipple Tree Farm, its representatives, and property owners, shall not be held liable for any accident or injury suffered during the time the above named student is located on the grounds managed by Dianne Dix Gallatin or any other location where there is an equine activity. Entry in and upon Whipple Tree Farm premises by student, parent or guardian, & invitees and guests of student or parent/guardian are at the sole risk of the student or parent/guardian. Whipple Tree Farm, its representatives, property owners, agents and employees shall be expressly released and held harmless from any damages caused by any of their negligent acts.

I have read, understand and agree to the above.

Students Signature: _____ Date: _____

Parent/Legal Guardian's Signature: _____ Date: _____
(If student is under 18 years of age)