



PO Box 172, Ridgway, PA 15853
www.bigmaplefarmnt.net
bmfntinc@gmail.com
(814) 387-3571

Dear Friend,

Thank you for your interest in Big Maple Farm's Natural Therapies, Inc.'s Riding Lesson Program! BMFNT is excited to bring this opportunity to children and adults desiring to learn more about riding horses. Riding students will have the ability to meet weekly with an instructor for one hour or a half hour and learn skills starting from their level and up.

A non-refundable registration fee of \$15.00 is payable to BMFNT, INC. The fee is to be submitted with the registration, and it is indicated on the form. The registration fee will be used to supplement current administrative costs, program insurances, as well as any equipment needs for riders.

We are looking forward to working with your family throughout these riding lesson classes. If you have not had the chance to visit the program, please call for an appointment at 814-335-0804. We would welcome the opportunity to show you around! Please do not wait for us to call you. If you have any other questions do not hesitate to call or email us at bmfntinc@gmail.com.

Sincerely,

Amanda Balon
Executive Director BMFNT



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PARTICIPANT REGISTRATION INFORMATION

Name: _____ Date of Birth _____

Address: _____

School or Employer: _____

Parent or Guardian (If under 18) : _____

Phone: _____ Email: _____

\$10 Registration FEE Paid by (REGISTRATION IS NOT VALID WITHOUT FEE):

Check Cash Paypal

PHOTO RELEASE

Please Check One : I DO DO NOT

Consent to and authorize the use of reproduction by Big Maple Farm's Natural Therapies, Inc. of any and all photographs and any other audio/visual material taken of me/my child/my ward for promotional materials, educational activities, exhibitions, or for any other use for the benefit of the organization .

Signature (Parent/guardian signature if under 18) Date



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PARTICIPANT MEDICAL HISTORY

NAME OF PARTICIPANT _____

DATE OF BIRTH _____

NAME OF PARENT/GUARDIAN _____

HOME PHONE _____

WORK PHONE _____

IN CASE OF EMERGENCY CONTACT PARENTS

FAMILY DOCTOR _____

/OR _____ PHONE _____

OFFICE PHONE _____

Medical Insurance Plan No.:

A. Please note any health problem, physical handicap, emotional difficulty, behavioural problem, or facts which may limit full participation in the summer day camp.

B. Student's immunization shots are current , i.e. tetanus

YES () NO ()

C. Student is subject to:

- asthma
- sensitive skin
- nosebleed
- ear ache
- sinus trouble
- convulsions
- high blood pressure
- fainting
- nightmares
- headache
- motion sickness
- tonsillitis
- bronchitis
- kidney problem
- allergies (describe)
- eye infection

D. Student wears contact lenses or glasses (please circle one)

E. Medications: I would like my child to be given,

Name of Medication(s) _____

Purpose of Medication _____

In case of emergency, I hereby give permission to the physician selected by the BMFNT to provide necessary treatment for my child.

Parent/Guardian signature: _____ Date: _____



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Assumption of Risk, Release of Liability and Indemnification Agreement for 2022

BIG MAPLE FARM'S NATURAL THERAPIES, INC. (BMFNT) is in the business of organizing, conducting and providing horses, equipment, and facilities for equestrian activities, which activities include but are not limited to, providing open rides clinics and related equestrian training referred to herein as the "activities." The undersigned desires to participate in the activities.

NOW THEREFORE AND IN CONSIDERATION of being allowed to participate in any way in one or more of the activities as the context requires, I acknowledge, appreciate and agree that:

- 1. GENERAL.** Risks of activities include, but are not limited to, death, personal injury, loss of income or the enjoyment of life, and pain, and scarring or disfigurement. The causes of possible injury are many, including but not limited to; injury from bodily contact, incidental or inherent in the nature of the activities, slipping and falling or tripping on surfaces, regardless of physical or environmental conditions, injury from equestrian activities or horseback riding; injury due to supervision or lack of supervision by Big Maple Farm's Natural Therapies' employees or agents, including trainers or instructors, or rules or regulations and instructions (or lack thereof) regarding the use of equipment or to the nature of the activity itself, or injury caused by other participants' and malicious acts of other participants, regardless of whether Big Maple Farm's Natural Therapies had or should have had knowledge of the likelihood of malicious acts by such participant.
- 2. ASSUMPTION OF RISK.** I KNOWINGLY AND FREELY ASSUME ALL RISKS RELATED TO OR ARISING OUT OF ANY ACTIVITIES, both known and unknown, including any injury or action caused by that harms or injuries in any way a pedestrian or nonparticipant, or action caused by me that harms or injures in any way a pedestrian or nonparticipant, or others, EVEN IF ARISING FROM THE NEGLIGENCE< GROSS NEGLIGENCE OR RECKLESS DISREGARD OF THE RELEASES (as defined in the next paragraph) or others and assume full responsibility for my participation.
- 3. RELEASES FROM LIABILITY.** I, for myself and on behalf of my heirs, assigns, personal representatives and whomever else may have an interest either at common law or by operation of statute, HEREBY RELEASE, WAIVE, RELINQUISH, DISCHARGE AND COVENANT NOT TO SUE BMFNT, its' employees, volunteers, other participants, and if applicable, owners and lessors of premises use to conduct the activities ("Releases"), FROM LIABILITY FROM ANY AND ALL CLAIMS OR LIABILITIES FOR ALL AND ANY INJURY, DISABILITY, DEATH, OR LOSS OF DAMAGE TO MYSELF, ANY PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE, GROSS NEGLIGENCE OR RELECKLESS DISREGARD OF THE RELEASES OR OTHERWISE, SUSTAINED AS A RESULT OF ARISING OUT OF, OR RELATED TO ANY ACTIVITIES, to the fullest extent permitted by law.
- 4. REPRESENTATIONS AND WARRANTIES.** I represent and warrant I am in good physical condition and able to safely participate in any activities. I acknowledge that BMFNT has made no recommendations or determinations as to my fitness or ability to participate in any activities. I further agree that I will not participate in any activities or use any equipment unless and until I determine that I have thoroughly familiarized myself with the correct use and operation thereof.
- 5. SEVERABILITY.** I expressly agree that this agreement is intended to be as broad and inclusive as is permitted by the international laws of the Commonwealth of Pennsylvania and that if any portion thereof is invalid, it is agreed that the balance shall, not withstanding, continue in full legal force and effect.
- 6. MISCELLANEOUS.** This agreement is entered into Elk County, Pennsylvania and shall be constructed under the internal law of the Commonwealth of Pennsylvania in Elk county, Pennsylvania. I HAVE READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT, FULLY UNDERSTAND ITS TERM, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, INCLUDING THE RIGHT TO SUE, AND SIGN IT FREELY AND VOLUNTARILY AND INTEND TO COMPLETELY AND UNCONDITIONALLY RELEASE BIG MAPLE FARM'S NATURAL THERAPIES, INC. FROM ALL LIABILITY IN CONNECTION WITH MY PARTICIPATION IN, OR ATTENDANCE OF AND ACTIVITIES.



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PARTICIPANTS OVER THE AGE OF 18

This is to certify that I do consent and agree to assumption of risk, release from liability and indemnification as provided herein with all the Releases, and , for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the RELEASES from all and any liabilities incident to my involvement or participation in any Activities as provided herein, EVEN IF ARISING FROM NEGLIGENCE, GROSS NEGLIGENCE OR RECKLESS DISREGARD OF THE RELEASES, to the fullest extent permitted by law.

- Accepted and agreed effective as of _____/_____/_____
- Signature of Participant _____
- Print Name of Participant _____
- Participant Address _____

PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her assumption of risk, release from liability and indemnification as provided above with all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the RELEASES from all and any liabilities incident to my minor child's involvement or participation in any Activities as provided above, EVEN IF ARISING FROM NEGLIGENCE, GROSS NEGLIGENCE OR RECKLESS DISREGARD OF THE RELEASES, to the fullest extent permitted by law.

- Accepted and agreed effective as of _____/_____/_____
- PRINT Name of Participant _____
- SIGNATURE OF PARTICIPANT _____
- PRINT Name of Parent/Guardian and Relationship

- SIGNATURE of Parent/Guardian

- Address of Participants Parent/or Guardian

City

State

Zip



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CONFIDENTIALITY POLICY

It is the policy of Big Maple Farm's Natural Therapies, Inc. to keep confidential all medical, social, referral, personal, and financial information regarding participants, volunteers, and staff. This information will not be shared or disclosed to individuals outside the operation of the center without the express written permission given by the individual concerned.

It is understood by all the individuals working or volunteering at this center that this confidentiality code will be maintained and adhered to in order to protect the privacy and personal dignity of all individuals associated with the day-to-day operations of this center. Confidential information may be shared between center staff in cases where it will assist planning for the equestrian lesson.

Violation of this policy by anyone at Big Maple Farm's Natural Therapies, Inc. can result in immediate expulsion from all activities at the center, as determined by the program director and the board of directors.

I understand and will observe the confidentiality policy of Big Maple Farm's Natural Therapies, Inc.

Signature (Parent/Guardian if Under 18)

Date



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DAY AND TIME PREFERENCE

Please see our Hours of operation for the 2022 season! We can offer additional times if you need but they must be passed by our program coordinator. Please Indicate times in which you are available for lessons. Label your order of preference as 1 as most desired and 3 as least desired.

Wednesday

- 4pm-6:30pm
(This can be broken into Half hour/hour time intervals)
-

Thursday

- 4pm-6:30pm
(This can be broken into half hour/hour time intervals)
-

Saturday

- 10am-3pm
(This can be broken into half hour/hour time intervals)
-

Sunday

- 1:30pm-3pm
 - 5pm-6:30pm
(This can be broken into half hour/hour time intervals)
-