EQUESTRIANS



Equine Empowerment

New Rider Information

Rider's Name:	(if under 18, Parent's Name here): Date:				
Address:					
Сіту:					
Phone:()	Work: ()	Ал	т Рноме: ()	
Cell Phone: ()	D.O.B:	/	Driver Lic #:		State:
Do you have health insurance? Y/N	WHAT COMPA	NY?		Роцсу #:	
Contact in case of emergency:			((_)
Medical concerns/conditions:					
How did you hear about us:					
MEDICAL CONSENT- IN THE EVENT OF EMEMPLOYEES, ASSOCIATES TO PREFORM LIFE SAUTHORIZING LOCAL MEDICAL SERVICES TO AND TRANSPORTATION ARE SOLELY MY RESPECTIVE. I HEREBY ALSO WAIVE MY RIGHTS EMPLOYEES, INSTRUCTORS, IDEPENDENT COTHE COSTS ASSOCIATED WITH THE EMERGEN	SAVING MEASURES PROVIDE AMBULA CONSIBILITY AND I TO SUE OR BRING ONTRACTORS, AGEI NCY CARE AND TRE	S, IN THE EVENT ANCE SERVICES T ASSUME ALL CO ANY LAWSUITS NTS, HEIRS, TRA EATMENT FOR M	I AM UNCONSCIOUS. THE TO LOCAL HOSPITALS. A STS IN REGARDS TO MY AGAINST EQUESTRIANS INERS, AND REPRESENT YSELF AND/OR FOR MY	ESE MEASURES INCLUDE NY AND ALL FEES ASSOC TRANSPORTATION TO THE EXCELLENCE LLC, ROCK ATIVES THAT MAY ARISE CHILDREN LISTED BELO	E BUT ARE NOT LIMITED TO ELATED WITH MY TREATMENT HE CARE TREATMENT KING R RANCH, ITS E FROM ALL DISPUTES ABOUT DW ON THIS FORM (NAME OF
RIDER/PARENT): NAME OF CHILD)					
		LIDING EXP			
How long have you been riding? Beach/Trail Rides- Y / N					
ENGLISH-Y/N LEVEL:		, DRESS	SAGE - Y/N LEVEL:		
HUNTER/JUMPER -Y/N LEVEL:		w	ESTERN PLEASURE Y/	N LEVEL:	,
BARRELS/POLES - Y/N LEVEL:		,0	THER:		
	RIDI	NG APPAREI	REQUIRED:		
INITIAL NEXT TO ANY OF THE EQ			BE ADVISED YOU WIL BY OWN BY 3RD LESSO		STAIN THE EQUIPMENT
I) ASTM-SEI CERTIFIED HELMET	_ 2) RIDING BOO	отѕ (ра	addock/dress boots for engi	ish or paddock/cowboy/cow	girl boots for western)
FOR ENGLISH RIDERS ONLY-	3) RIDING GLOVE	es 4) bre	ECHES/LEGGINGS	5) HALF CHAPS	
(THE WHARF CAN *We require at least 48			O TELL THEM YOU AR	,	IAL)