E@UESTRIANS EXCELLENCE



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EQUESTRIANS

EXCELLENCE

EQUINE EMPOWERMENT

FOUNDATION

Nze‹ RIDER INFORMATION

RIDm's No:\_ (iF UNDER i8, PINT’S NAME HERE): DATE'



PHONE:( ) -\_ WORK: (\_ \_) - \_ ELT PHONE: 

CELL PHONE' (\_ ) — D.O.B: DiuvER DC ' STATE: \_

Do vOU HAVE HEALTH INSURANCE? Y/N WHAT COMPANY? POLICY : CONTACT IN CASE OF EMERCFNCYI

DICAL CONCERNStCONDITIONS:  \_ \_ How DID YOU HEAR ABOUT US: \_ \_

DIGAL CONSENT- IN THE EVENT OF EMERCENcY, I,\_ AUTHERIZE EQUESTRIANS EXCELLENCE AND ITS EMPLOYEES, ASSOCIATES TO PREFORM LIFE SAVINC MEASURES, IN THE EVENT I AM UNCONSCIOUS. THESE MEASURES INCLUDE BUT ARE NOT LIMITED TO AUTHORIZINC LOCAL MEDICAL SERVICES TO PROVIDE AMBULANCE SERVICES TO LOCAL HOSPITALS. ANY AND ALL FEES ASSOCIATED WITH MY TREATMENT

AND TRANSPORTATION ARE SOLELY MY RESPONSIBILITY AND I ASSUME ALL COSTS IN RECARDS TO MY TRANSPORTATION TO THE GARE TREATMENT FACILITY. I HEREBY ALSO WAIVE MY RICHTS TO SUE OR BRINC ANY LAWSUITS ACAINST EQUESTRIANS EXCELLFNCE LLC, ROCKINC R RANCH, ITS EMPLOYEES, INSTRUCTORS, IDEPFNDFNT CONTRACTORS, ACENTS, HEIRS, TRAINERS, AND REPRESENTATMS THAT MAY ARISE FilOM ALL DISPUTES ABOUT THE COSTS ASSOCIATED WITH THE EMERCENCY CARE AND TREATMENT FOR MYSELF ANDJOR FOR MY CHILDREN LISTED BELOW ON THIS FORM (NAME OF RIDE PARENT) :\_ **(NAMEOFCHILD)** \_ \_ (nATE): \_

# RIDINC EXPERIENCE:

How LONC HAVE YOU BEEN RIDINC? \_ MONTHS/YEARS LEVEL OF RIDINC' BECINNM INTERMEDIATED VANCED

BMCH/TRAIL RIDES— Y / N LESSONS Y / N — (IF YES PLEASE INDICATE LEVEL AND DISCIPLINE BELOw)

ENGLISH— YN LEVEL' , DRESSACE — Y/N LEVEL'

HUNTE JUMPER -YN LEVELI WESTERN PLEASUilE YN LEVEL:

BARRELSJPOLES - YN LEVEL: , OTHER:

# RIDINCAPPAREL REQUIRED:

INITIAL NEXT TO ANY OF THE EQUIPMENT YOU ALREADY HAVE, BE ADVISED YOU WILL BE EXPECTED TO OBTAIN THE EQUIPMENT YOU DO NOT ALREADY OWN BY 3 LESSON.

I) ASTM—SEI CERTIFIED HELMET R) RIDINC BOOTS *(pzddock/dtess boots lot english of pzddock/cowbo /cowgitl boots lot western)*

FOR ENCLISH RIDERS ONLY— 3) RIDINC CLOVES J) BREECHES LECCINGS 5) HALF CHAPS

(THE WHARF GAN HELP OUTFIT YOU, BE SURE TO TELL THEM YOU ARE RIDING WITH EE)

\*BE REQUIRE AT LEAST §8 HOURS NOTICE OF CANCELLATION OR WE CHARCE YOU THE FULL AMOUNT (INITIAL)

Equestrians Excellence Ldc (805)669—6769