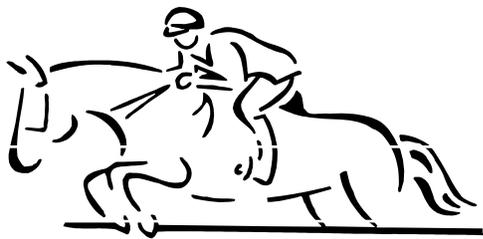


EQUESTRIANS



EXCELLENCE

NEW RIDER INFORMATION

RIDER'S NAME: _____ (IF UNDER 18, PARENT'S NAME HERE): _____ DATE: _____

ADDRESS: _____

CITY: _____ ZIP: _____ E-MAIL: _____

PHONE: (____) _____ - _____ WORK: (____) _____ - _____ ALT PHONE: (____) _____ - _____

CELL PHONE: (____) _____ - _____ D.O.B: ____/____/____ DRIVER LIC #: _____ STATE: _____

DO YOU HAVE HEALTH INSURANCE? Y/N WHAT COMPANY? _____ POLICY #: _____

CONTACT IN CASE OF EMERGENCY: _____ (____) _____ - _____ (____) _____ - _____

MEDICAL CONCERNS/CONDITIONS: _____

HOW DID YOU HEAR ABOUT US: _____

MEDICAL CONSENT- IN THE EVENT OF EMERGENCY, I, _____ AUTHERIZE EQUESTRIANS EXCELLENCE AND ITS EMPLOYEES, ASSOCIATES TO PREFORM LIFE SAVING MEASURES, IN THE EVENT I AM UNCONSCIOUS. THESE MEASURES INCLUDE BUT ARE NOT LIMITED TO AUTHORIZING 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 REGARDS TO MY TRANSPORTATION TO THE CARE TREATMENT FACILITY. I HEREBY ALSO WAIVE MY RIGHTS TO SUE OR BRING ANY LAWSUITS AGAINST EQUESTRIANS EXCELLENCE LLC, ROCKING R RANCH, ITS EMPLOYEES, INSTRUCTORS, IDEPENDENT CONTRACTORS, AGENTS, HEIRS, TRAINERS, AND REPRESENTATIVES THAT MAY ARISE FROM ALL DISPUTES ABOUT THE COSTS ASSOCIATED WITH THE EMERGENCY CARE AND TREATMENT FOR MYSELF AND/OR FOR MY CHILDREN LISTED BELOW ON THIS FORM (NAME OF RIDER/PARENT): _____, (NAME OF CHILD) _____, (NAME OF CHILD) _____ (SIGNATURE) _____ (DATE): _____

RIDING EXPERIENCE:

HOW LONG HAVE YOU BEEN RIDING? _____ MONTHS/YEARS LEVEL OF RIDING: BEGINNER/ INTERMEDIATE/ ADVANCED BEACH/TRAIL RIDES- Y / N LESSONS Y / N - (IF YES PLEASE INDICATE LEVEL AND DISCIPLINE BELOW)

ENGLISH- Y/N LEVEL: _____, DRESSAGE - Y/N LEVEL: _____

HUNTER/JUMPER -Y/N LEVEL: _____ WESTERN PLEASURE Y/N LEVEL: _____

BARRELS/POLES - Y/N LEVEL: _____, OTHER: _____

RIDING APPAREL REQUIRED:

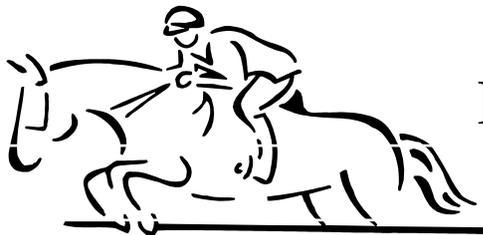
INITIAL NEXT TO ANY OF THE EQUIPMENT YOU ALREADY HAVE, BE ADVISED YOU WILL BE EXPECTED TO OBTAIN THE EQUIPMENT YOU DO NOT ALREADY OWN BY 3RD LESSON.

- 1) ASTM-SEI CERTIFIED HELMET ___ 2) RIDING BOOTS _____ (*paddock/dress boots for english or paddock/cowboy/cowgirl boots for western*)
FOR ENGLISH RIDERS ONLY- 3) RIDING GLOVES ___ 4) BREECHES/LEGGINGS ___ 5) HALF CHAPS _____

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

*WE REQUIRE AT LEAST 48 HOURS NOTICE OF CANCELLATION OR WE CHARGE YOU THE FULL AMOUNT (INITIAL) _____

EQUESTRIANS



EXCELLENCE

NEW RIDER INFORMATION

RIDER'S NAME: _____ IF UNDER 18 ADD PARENTS NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ ZIP: _____ E-MAIL: _____

PHONE: (____) _____ - _____ WORK: (____) _____ - _____ ALT PHONE: (____) _____ - _____

CELL PHONE: (____) _____ - _____ D.O.B: ____/____/____ DRIVER LIC #: _____ STATE: _____

DO YOU HAVE HEALTH INSURANCE? Y/N WHAT COMPANY? _____ POLICY #: _____

CONTACT IN CASE OF EMERGENCY: _____ (____) _____ - _____ ALT# (____) _____ - _____

MEDICAL CONCERNS/CONDITIONS: _____

HOW DID YOU HEAR ABOUT US: _____

MEDICAL CONSENT -

IN THE EVENT OF EMERGENCY, I, _____ AUTHERIZE EQUESTRIANS EXCELLENCE LLC, ITS EMPLOYEES, ASSOCIATES, AGENTS TO PREFORM LIFE SAVING MEASURES, IN THE EVENT I AM UNCONSCIOUS. THESE MEASURESS INCLUDE BUT ARE NOT LIMITED TO AUTHORIZING LOCAL MEDICAL SERVICES TO PROVIDE AMBULANCE SERVICES OR OTHER EMERGENCY MEDICAL TRANSPORTATION TO LOCAL HOSPITALS. ANY AND ALL FEES ASSOCIATED WITH MY BOTH MY TREATMENT AND TRANSPORTATION ARE SOLEY MY RESPONSABILITY AND I ASSUME ALL COSTS IN REGARDS TO MY TRANSPORTATION AND MEDICAL COSTS INCURRED. I, ALSO GIVE CONSENT TO ANY MEDICAL TREATMENTS, MEDICATIONS, MRI, CATSCANS, ANESTHETIC, SURGICAL, MEDICINES AND/OR SERVICES PROVIDED BY THE HOSPITAL FOR MYSLEF OR MY CHILD. I UNDER THE THIS A GENERAL MEDICAL CONSENT THAT IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS OR TREATMENT WHICH MAY BE REQUIRED, BUT IT IS GIVEN TO ENCOURAGE EQUESTRIANS EXCELLENCE LLC, THEIR AGENTS, HOSPITAL STAFF AND ATTENDING PHYSICIANS TO EXERCISE THEIR BEST JUDGMENT AS TO THE REQUIREMENTS OF SUCH DIAGNOSIS OR TREATMENT. THE UNDERSIGNED SHALL PAY ALL FEES FOR DOCTORS, HOSPITALS AND AMBULANCE SERVICES PROVIDED.

I HEREBY ALSO WAIVE MY RIGHTS TO SUE OR BRING ANY LAWSUITE AGAINST EQUESTRANS EXCELLENCE LLC AND ROCKING R RANCH AND ITS EMPLOYEES, HEIRS AGENTS, AND REPRESENTATIVES FROM ANY AND ALL DISPUTES ARISING FROM THE COSTS ASSOCIATED WITH EMERGENCY CARE, TREATMENT AND TRANSPORTATION COSTS FOR MYSELF AND/OR MY CHILDREN WHOSE NAMES I HAVE LISTED HERE: RIDER'S

NAME _____, CHILD'S NAME _____ & _____

SIGNATURE: _____ . DATE: _____

RIDING EXPERIENCE:

ENGLISH- Y/N LEVEL: _____, DRESSAGE - Y/N LEVEL: _____ JUMPING- Y/N LEVEL: _____

WESTERN- Y/N DISCIPLINE: _____, TRAIL RIDES -Y/N OTHER: _____

RIDING APPAREL 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 3RD LESSON.

1) ASTM-SEI CERTIFIED HELMET ___ 2) RIDING BOOTS ___ (*paddock/dress boots for english or paddock/cowboy/ cowgirl boots for western*)

FOR ENGLISH RIDERS ONLY- 3) RIDING GLOVES ___ 4) BREECHES/LEGGINGS ___ 5) HALF CHAPS _____

(WE CAN HELP ASSIST YOU IN FINDING WHAT YOU NEED ON AMAZON OR AT THE WHARF IN VENTURA IF YOU TELL THEM YOU ARE RIDING WITH EE)

*WE REQUIRE AT LEAST 48 HOURS NOTICE OF CANCELLATION OR WE CHARGE YOU THE FULL AMOUNT (INITIAL) _____