



## **EXCELLENCE**

## New Rider Information

Kider's Name:		(IF UNDER 18	, Parent's Nam	IE HERE):			Date:
Address:							
Стту:							
Phone:()	Work: (	)		Алт Рі	IONE: (	.)	
Cell Phone: ()	D.O.B:	//	Driver	Lic #:			_ State:
Do you have health insurance? Y/N	√ WHAT COMPAN	NY?			Policy #:		
Contact in case of emergency:			()		(	)	
Medical concerns/conditions:							
How did you hear about us:							
MEDICAL CONSENT- IN THE EVENT OF EMPLOYEES, ASSOCIATES TO PREFORM LIFE AUTHORIZING LOCAL MEDICAL SERVICES TO AND TRANSPORTATION ARE SOLELY MY RESIFACILITY. I HEREBY ALSO WAIVE MY RIGHTS EMPLOYEES, INSTRUCTORS, IDEPENDENT COTHE COSTS ASSOCIATED WITH THE EMERGE RIDER/PARENT):	SAVING MEASURES D PROVIDE AMBULA PONSIBILITY AND I S TO SUE OR BRING ONTRACTORS, AGER NCY CARE AND TRE	S, IN THE EVENT ANCE SERVICES T ASSUME ALL CO ANY LAWSUITS NTS, HEIRS, TRA EATMENT FOR M	I AM UNCONSC TO LOCAL HOSE STS IN REGARD AGAINST EQUES JINERS, AND RE YSELF AND/OR	IOUS. THESE PITALS. ANY A S TO MY TRA STRIANS EXC PRESENTATIV I. FOR MY CHI	MEASURES INCI IND ALL FEES AS INSPORTATION T ELLENCE LLC, I TES THAT MAY A LDREN LISTED I	LUDE BUT ARI SSOCIATED W TO THE CARE ROCKING R R RISE FROM AL BELOW ON TH	E NOT LIMITED TO ITH MY TREATMENT TREATMENT ANCH, ITS LL DISPUTES ABOUT HIS FORM (NAME OF
NAME OF CHILD)							
	<u>R</u>	LIDING EXP	ERIENCE:				
How long have you been riding Beach/Trail Rides- Y / N							
ENGLISH- Y/N LEVEL:		, DRES	SAGE - Y/N LE	EVEL:			
HUNTER/JUMPER -Y/N LEVEL:		w	ESTERN PLEAS	SURE Y/N L	EVEL:		,
BARRELS/POLES - Y/N LEVEL:		,(	OTHER:				
	RIDI	NG APPARE	<u>L REQUIRE</u>	<u>:D:</u>			
INITIAL NEXT TO ANY OF THE E		LREADY HAVE, O NOT ALREAL			E EXPECTED T	O OBTAIN TI	HE EQUIPMENT
1) ASTM-SEI CERTIFIED HELMET_	2) RIDING BOO	отѕ (р	addock/dress boo	ts for english o	r paddock/cowboy	//cowgirl boots	for western)
FOR ENGLISH RIDERS ONLY-	3) riding glovi	ES 4) BRE	ECHES/LEGG	INGS	5) HALF CHAP	S	
(THE WHARF CA *We require at least 48	N HELP OUTFIT Y B HOURS NOTICE O						