![](data:None;base64,)

**McCord Training LLC**

EFF Paperwork

Riders Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_ Height:\_\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ lbs.

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safety Concerns Regarding Rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liability Release

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Client or Authorized Parent/Guardian if Client is a Minor ) acknowledge and accept that horseback riding and activities related thereto, involve the risk of personal injury. By my signature I hereby waive all rights, if any, claims, causes of action and lawsuits against McCord Training LLC, the McCord’s, the Urbanski’s, their family, heirs, executors, legal representatives, administrators, successors, assigns, guests, employees, or agents affiliated with any of them in any manner for any injury, liability or damages which may occur while riding any horse, whether leased or owned by me or by any other person, or for any injury or damages which may occur while participating in any activity related to horseback riding. I agree to indemnify, defend and hold harmless McCord Training or any person or entity whose land a horseback ride crosses, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand that horseback riding always involves danger and I ride at my own risk.

I understand that horseback riding involves being in remote areas for extended periods of time, far from communications, transportation, and medical facilities; that these areas have many natural and man-made hazards which horseback riders cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time. I further understand that horseback riding involves such things as crossing creeks, riding over uneven terrain, and being in strange places under adverse weather conditions which could result in injury to myself and the horse I am riding.

I agree to take full responsibility for myself and the animal I am riding. My signature below constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Guardian

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Medical Info.

**McCord Training LLC**

![](data:None;base64,)

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In Case of an Emergency Contact:**

* Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Known Medical Problems and Medications:**

*This information is included to provide information to emergency personnel of medical problems and medications in an emergency situation.*

Are you currently taking any medication?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what kinds and how much?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any known Allergies?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what are they? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

![](data:None;base64,)

**McCord Training**

Barn Rules & Program Policies

**McCord Training**

1. Visits and lessons are by appointment only.
2. Speed Limit is 5 MPH when entering and exiting the property.
3. No driving past the barn unless authorized.
4. Parking is to the north of the barn on the gravel.
5. No parking in front of the gates or by the barn.
6. We are not responsible for loss, theft, or damage of trailers, vehicles, or personal items on the property.
7. No Outside Dogs Allowed.
8. No smoking.
9. No drugs, alcohol, or weapons.
10. Do not feed the horses.
11. Parents must provide supervision for their children when they are not involved in a lesson.
12. No running or screaming.
13. No climbing on arena rails, pasture gates, or hay bales.
14. Everyone MUST sign all required paperwork in order to participate in ANY horse-related activity.
15. It is the client’s responsibility to check with their doctor to verify that horseback riding is an appropriate and safe activity for them.
16. No one is allowed in the pastures without instructor’s approval.
17. Do not tie horses to round-pen, fence post, etc. Only tie horses to the hitching post or tie rings in arena.
18. An instructor must be present before a lesson can start.
19. The rider has to be at least 3 years old.
20. Maximum weight limit 200 lbs.
21. Rider must wear proper attire such as closed toed shoes (preferably with a heel), an ASTM-SEI approved horseback riding helmet, no loose-fitting clothing or jewelry, and if rider chooses to wear a mask - the mask must be one of the disposables/easy to break ones. No cloth masks, ski masks, ect.
22. Helmets and equipment are provided by McCord Training, however, those clients who bring their own helmets and equipment are responsible for making sure they are in good condition. Helmets cannot be over 5 years old.
23. McCord Training reserves the right to cancel lessons. Lessons maybe cancelled due to safety concerns, weather, road condition, ect.
24. Lessons are not given in temperatures below 32 degrees F or above 100 degrees F.
25. Lessons are given from March to December. We take Winter Break in January and February.
26. All incidents must be reported.

![](data:None;base64,)

**McCord Training**

EFF

Lesson Agreement

I agree to the following terms –

* As a participant in the Equines for Fosters Program, lesson fees are covered for 4 horseback riding lessons.
  + All lessons in this program are private so only one rider at a time.
  + The 4 horseback riding lessons must be used within one month.
  + Any additional lessons there will be a fee.
* Spots in this program is limited.
* Late arrivals- Any client who arrives within 20 minutes after the start of their lesson will still receive a partial lesson which will end at their scheduled time. Any rider who arrives 20 minutes or more after the start of their lesson will be treated as a no show and it will be counted as one of their lessons.
* McCord Training reserves the right to cancel lessons.
  + Lessons maybe cancelled due to safety concerns, an emergency, road conditions, weather, ect.
  + Lessons do not take place when the temp is below 32 degrees Fahrenheit.
* Lessons are given from March to December. We take Winter Break in January and February.
* It is the client’s responsibility to check with their doctor to verify that horseback riding is an appropriate and safe activity for them. Signing below confirms that the doctor has deemed horseback riding as a safe activity for the individual.
* Helmets and equipment are provided by McCord Training, however, those clients who bring their own helmets and equipment are responsible for making sure they are in good condition. Helmets cannot be over 5 years old.
* NO PICTURES.
* I have read, understood, and will adhere to the barn rules, and program policies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Guardian

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_