



The Rider Project SEAT RETREAT



RIDING & MEDICAL HISTORY

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ BIRTH DATE: _____

The Rider Project Seat Retreat is an intensive, one day clinic. The day will include physical activities requiring participants to be actively involved. Any limitations should be stated to allow clinicians to tailor the day to the needs of each individual.

Please describe your riding experience to date:

Please describe your riding goals:

Please state any physical limitations you may have:

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Please describe your current physical condition:

Please state any additional information that will help clinicians:

LUNCH AND BEVERAGES WILL BE PROVIDED.

Please state any food allergies or preferences:

I state, to the best of my knowledge, the foregoing information provided by me is complete. I agree to indemnify and hold harmless The Rider Project, Seat Retreat and participating clinicians from liability and claim for damages because of bodily injury, death, property damage, sickness, disease and any expense arising from participation under this agreement unless due to negligence of The Rider Project, Seat Retreat or participating clinicians.

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

SIGNATURE

DATE