



WIMER RANCH LLC

RIDER REGISTRATION & INFORMATION FORM

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Naples, FL 34120
☎ 951-837-6087

✉ info@wimerranch.com
🌐 www.wimerranch.com

Where Horsemanship, Character, and Confidence Grow Together

U PARTICIPANT INFORMATION

Participant Name: _____

Date of Birth: _____ Age: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

U PARENT/GUARDIAN INFORMATION (FOR MINORS)

Parent/Guardian Name: _____

Relationship to Participant: _____

Phone: _____ Email: _____

Secondary Parent/Guardian: _____

Phone: _____ Email: _____

U EMERGENCY CONTACT

Primary Emergency Contact: _____

Relationship: _____ Phone: _____

Secondary Emergency Contact: _____

Relationship: _____ Phone: _____

U RIDING EXPERIENCE
Check all that apply.

No Experience Advanced (3+ years)

Beginner (0-1 year) Owns or Leases a Horse

Intermediate (1-3 years)

Please describe your riding experience:

U HEALTH & SAFETY INFORMATION

Height: _____ Weight: _____

Allergies: _____

Current Medications: _____

Physical Limitations or Medical Conditions: _____

Have you ever been advised by a physician not to ride horses?
 Yes No

If yes, please explain: _____

U SIGNATURES

Participant Signature: _____ Date: _____

Parent/Guardian Signature (required for minors): _____ Date: _____

U LESSON TYPE – CHECK ALL THAT APPLY
Check all that apply.

Introductory Lesson 1 hr – \$60

Group Lesson (2-5 Riders) 1 hr – \$60

Semi-Private Lesson (2+ Riders) 1 hr – \$60

Private Lesson (1 on 1) 1 hr – \$100

Evaluation Lesson 1 hr – \$80

Your Horse, Your Place 1 hr – Starting at \$100

(Prices subject to change.)

U RIDING GOALS & INTERESTS
Check all that apply.

Beginner Lessons Sorting

Horsemanship Skills Trail Riding

Ranch Work Show Preparation

Western Pleasure Cart Driving

Reining Equestrian Drill Team

Cutting Horse Ownership Education

Reined Cow Horse Confidence Building

Roping Other: _____

U HORSE ASSIGNMENT POLICY

I understand that Wimer Ranch LLC reserves the sole right to determine which horse is appropriate for each rider based upon experience level, safety considerations, horse condition, rider size, lesson objectives, and horse welfare.

Participant Initials: _____ Parent/Guardian Initials: _____

U ACKNOWLEDGMENT

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that changes to medical conditions, emergency contacts, or other important information should be reported promptly to Wimer Ranch LLC.

Participant Initials: _____ Parent/Guardian Initials: _____