

Quail Roost Riding School Release Form **Release and Indemnification Agreement**

The undersigned desires to employ the services of Quail Roost Farm Inc., and/or Equiventure LLC., and/or Catherine (Kate) Gage, whom services include but are not limited to riding instruction, boarding, training, showing, and/or shipping of horses and ponies, storing and/or shipping of equipment, tack and other items of personal property.

The undersigned understands fully the risks of accident and of injuries or damages to persons or property in connection with the above services and further agrees that the size of classes and fees charged by Quail Roost Riding School, and/or Equiventure LLC., and/or Catherine (Kate) Gage, for services are too small to permit their purchase of insurance covering such matters as liability for negligence, fire loss and theft.

In consideration of the services of Quail Roost Riding School, and/or Equiventure LLC., and/or Catherine (Kate) Gage, the undersigned agrees to assume the risks of accidents, injuries and damages to persons or property arising from any cause what-so-ever connected with said services. The agreement covers horses, ponies, and personal property now or in the future owned, borrowed or leased by the undersigned.

Whenever there is more than one person signing this release, each of the provisions hereof applying to the "undersigned" shall apply jointly and severally to each person.

THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF NORTH CAROLINA.

Date: _____

Student Name (Print)

Student Age

Parent or Guardian's Name

Signature *

Parent or Guardian's Signature *

***The Parent or Guardian must sign if the student is under the age of 18**

Address: _____

E-mail address: _____

Home Phone: _____

Cell Phone: _____ **Do you text?** _____

Emergency Contact Information

In Case of Emergency Contact This Person (Indicate Relationship):

_____ At this Phone Number: (_____) _____ .

2) In Case of Injury, are there any special considerations that should be provided to emergency personnel? (ie. Allergies):

3) Hospital Preference: _____

4) School Name: _____

5) How did you here about us?

() Friend _____

Friends Name

() Advertisement _____

Name of paper or source

() Internet _____

List website

() Other _____

Please indicate

Required Equipment and Riding Gear

1. An ASTM/SEI **approved** helmet must be worn *at all times* while riding!
2. Helmets must fit properly and be securely fastened under chin.
3. A hard soled shoe or boot with a one inch heel.
4. Riding breeches or jeans.

- 5. Gloves
- 6. Full or half chaps, crop and spurs (optional until ability requires the use of such equipment)

Quail Roost Farm
Student Information Sheet

Student's Name: _____ **Age:** _____

Address: _____

E-mail:

Home Phone: _____

Cell Phone: _____ **Do you text?** _____

Student's Father or Husband's Name: _____

Address: _____

E-mail:

Home Phone: _____

Cell Phone: _____ **Does he text?** _____

Student's Mother or Wife's Name: _____

Address: _____

E-mail:

Home Phone: _____

Cell Phone: _____ **Does she text?** _____

Additional Information: _____