



6 Swain Drive • Hampton Falls, NH 03844
Phone: (603) 926-7662 • Fax: (603) 926-3220 • www.taylorryverfarm.com

LESSON STUDENT APPLICATION

This document covers the providing of riding and/or driving instruction by an authorized Instructor at TAYLOR RIVER FARM, LLC. to the Student named below, and participation in Lesson Program activities as deemed appropriate by the Instructor. By signature hereon TAYLOR RIVER FARM, LLC. agrees to provide the Instructor, horse and facilities to deliver the instruction or manage the Lesson Program activities, and the Student (or parent/guardian) agrees to attend and pay for the instruction or Lesson Program activities according to this application.

PLEASE READ THIS DOCUMENT CAREFULLY AND DO NOT SIGN IT UNLESS YOU FULLY UNDERSTAND IT.

Student's Name: _____ Date of Birth: _____

Address Street: _____ City: _____ State: _____ Zip: _____

Telephone Home: _____ Work: _____ Email: _____

If Student is under eighteen (18) years of age:

Parent/Guardian: _____

Address Street: _____ City: _____ State: _____ Zip: _____

Telephone Home: _____ Work: _____ Email: _____

BACKGROUND:

Prior riding/driving experience: Years: _____ to _____ Number of Lessons: _____

Locations: _____

How you heard of Taylor River Farm: _____

RELEASE

I, the Student, (or parent/guardian) recognize the inherent risks of injury involved in horseback riding/driving generally, and in learning to ride/drive in particular. In taking lessons at TAYLOR RIVER FARM, LLC. or participating in Lesson Program activities, I assume any and all such risk of injury and further, I voluntarily release TAYLOR RIVER FARM, LLC., its owners, instructors, employees and agents from any and all responsibility on account of any injury I (or my child or ward) may sustain while on the premises of TAYLOR RIVER FARM, LLC. or participating in Lesson Program activities, and I agree to indemnify and hold harmless TAYLOR RIVER FARM, LLC., its owners, instructors, employees and agents on account of any such claim. **I also understand that there are no refunds of any kind 30 days following the date of deposit into my lesson account.**

Signed: _____ Date: _____

Student, (Parent/Guardian)

ATTENTION! Under New Hampshire Law, a participant in equine activities assumes the risk of any injury, harm, damage, or death and any legal responsibility that may occur to participant resulting from the inherent risks associated with equine activities. Pursuant to R.S.A. 508:19, equine professionals are not liable for damages resulting from the inherent risks of equine activities.

MEDICAL AUTHORIZATION

In the event that the above named Student requires medical treatment on account of any accident or injury which may occur in connection with any activities at TAYLOR RIVER FARM, LLC. or of the Lesson Program, the staff/Instructors of TAYLOR RIVER FARM, LLC., and its owners are hereby given full authority to engage any necessary emergency medical services for the above named Student including the administration of anesthesia, in the event the Student is not able to act for himself/herself (or in the absence of a Parent or Guardian).

I, (the above named Student) am allergic to the following medications (if none, so state): _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____

I/We have read this Student Application carefully and fully understand the contents of this document. Furthermore, I/We agree to the contents of this document.

Student: _____ Date: _____

Parent/Guardian _____ Date: _____

Instructor: _____ Date: _____