



LESSON REGISTRATION & RELEASE 2020

Academy Stables, Inc.

4277 N 109th Street

Lafayette, CO 80026

Rider's Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Email Address(s): _____

How did you hear about us? _____

Lesson Fees:

- a. Group lesson = 2 or more riders \$50.00
- b. Private lessons = 1 person \$68.00
- c. 4 week beginner session = \$200.00

Lesson fees due at the beginning of the lesson. Cash or check only at this time.

Please make checks Payable to Academy Stables, INC

Riding Goals	Desired Lesson Type: (group vs private)	Previous riding experience:	Last skill you worked on:	Preferred days and times:	Have you ridden at Academy Stables in the past?	If so, which horse(s) did you ride:
					Yes No	

What activity are you participating in today?:

- | | | | |
|---------------------------------|---------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Lesson | <input type="checkbox"/> Party | <input type="checkbox"/> Stable Ride | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Lessee | <input type="checkbox"/> Boarder | <input type="checkbox"/> Other |

Type/Level of Riding Experience & Skills learned:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> No previous riding experience | <input type="checkbox"/> Previous lessons | <input type="checkbox"/> Intermediate (trot, posting trot) | <input type="checkbox"/> Advanced (canter, jumping, etc) |
| <input type="checkbox"/> Trail rides only | <input type="checkbox"/> Beginner (walk) | | |

I understand that it is my responsibility to keep the Instructors at Academy Stables advised of any change in the above information as soon as possible.

****In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R Physician).*

I hereby authorize the physician and medical staff to undertake examination, evaluation, diagnostic testing and necessary treatment of my child. I also authorize release of information to appropriate people (instructors, physician...) as deemed necessary.

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In Case of Emergency, Contact: _____

In Case of Emergency, Contact: _____

Mr./Mrs./Ms. _____

Phone: _____ Phone: _____ Date: _____

PERTINENT MEDICAL HISTORY: we ask the following information so in the event we needed to call 9-1-1 and you could not answer for yourself, we could give medically necessary information to the Paramedics in a timely manner.

Please circle the appropriate response below pertaining to you or your child.

- | | |
|--|--|
| Yes No Previous history of concussions | Yes No Bee or wasp Allergies |
| Yes No Fainting episodes during exercise | Yes No Epipen |
| Yes No Epileptic/Seizures | Yes No Wears a medic alert bracelet or necklace |
| Yes No Wears glasses | Yes No Surgery in the last year. |
| Yes No Are lenses shatterproof? | Yes No Has been in hospital in the last year |
| Yes No Wears contact lenses | Yes No Presently injured |
| Yes No Wears dental appliance | Yes No Has had an illness lasting more than a week in the past year |
| Yes No Hearing problem | Yes No Any health problem that would interfere with participation in Horse riding? |
| Yes No Asthma | Yes No Has had injuries requiring medical attention in the past year. |
| Yes No Inhaler? | |
| Yes No Trouble breathing during exercise | |
| Yes No Heart Condition | |
| Yes No Diabetic | |
| Yes No Allergies | |

If you answered 'Yes' to any of the above items, please explain/ additional information not covered above:

Relevant Medication: (inhaler, epicenter, etc. **please list: name, dose, frequency**):

Allergies: (food, medicine, environmental): _____

Relevant Medical Conditions: _____

Recent Injuries: _____

Last Tetanus Shot: _____

*****Authorized Parent/Guardian's Signature** _____

**Academy Stables, Inc. Parent/Guardian/Individual
Grant of Permission Assumptions of Risk and Liability Release Form**

Inherent Risks/ Assumption of Risk: I/we acknowledge the inherent risk involved in participating in equine activities and I/we agree to assume them. The inherent risks include, but are not limited to any to the following: The propensity of an animal to behave in ways that may result in injury, harm, death, or loss to persons on or around the animals; The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; Hazards including, but not limited to, surface or subsurface conditions; A collision, encounter and/or confrontation with another equine, another animal, a person, or an object; The potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death or loss to the participant or to other persons, including but not limited to , failing to maintain control over an equine and/or failing to act within the ability of the participant. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse to the ground it will be at a distance of 3 1/2 to 5 1/2 feet, and the impact may result in harm to the rider. I/we acknowledge that these are just some of the risks and I/we agree to assume others not mentioned above. I am not relying on Academy Stables agents to list all possible risks for me.

Protective Headgear/Helmet Policy: Riding helmets are available for riders, regardless of age. Helmets are required for all riders under 18 and recommended for all riders.

Saddle Girth Loosening Warning: I/we acknowledge that: Saddle girths (fastener straps around the horse's belly) may loosen during riding. Riders must alert the nearest attendant of any girth looseness so actions can be taken to avoid saddle slippage and the potential for the rider to fall from the horse.

Medical Attention Grant of Permission: I, the undersigned, state that I/we are the parent(s) or guardian(s) of the student/rider or the individual named below, and do hereby grant permission and authority to Don Dimig, Shelli Dimig, authorized employees, contractors and associates to act for us in verbal telephone instructions, or, if unable to contact me, to act in my absence, when dealing with physicians, ambulances, and hospitals to obtain prompt medical attention for the student named below in the event of an emergency requiring a physician or confinement in a hospital. I further, hereby, covenant and agree to completely release Don Dimig, Shelli Dimig, employees, contractors, and authorized associates and hold them harmless for any liability connected with obtaining prompt medical attention for the student named below.

Liability Release: I/we agree that: In consideration of Academy Stables, Inc. allowing my participation in any activity, under the terms set forth herein, I for myself and on behalf of my child and/ or legal ward, heirs, administrators, personal representatives or assigns do agree to release, hold harmless, and discharge Academy Stables, Inc, Don Dimig, Shelli Dimig, agents, employees, contractors, officers, directors, representatives or assigns, members, owners of premises and trails, affiliated organizations, and insurers, and any others acting on the stable's behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to ACADEMY STABLES and/or ITS ASSOCIATE'S ordinary negligence or legal liability; and do further agree that except in the event of this stable's gross negligence and/or willful and/or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against Academy Stables, Inc and its Associates as stated above in this clause for any economic and non-economic losses due to bodily injury and/or death and/or property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of Academy Stables, Inc. and its Associates, whether on or off the premises of Academy Stables, Inc. and its Associates, but not being limited to Academy Stables, Inc. premises. I/we acknowledge the existence of Colorado laws, as posted on the property and identified below that prohibits suits against horse professionals up to and including death, and hereby covenant and agree to completely release Academy Stables, Inc., and other authorized persons and hold them harmless for any injury or damage the student may sustain or cause while riding, attending horses, or participating in any lesson.

WARNING: Under Colorado law, an 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, pursuant to Section 13-21-119, Colorado Revised Statutes.

I/we, the undersigned, represent that I/we have read and do understand the foregoing agreement, liability release and assumptions of risk agreement. I/we understand that by signing this document I/we am giving up rights to sue today and in the future. I/we attest that all facts are true and accurate. I am signing this while of sound mind.

Parent/Guardian Signature if Minor.

Rider's Signature if 18+ yrs of age.

Date

Parent/Rider Email Address (Required): _____

Emergency Contact and Phone # (Required): _____

PLEASE COMPLETE ALL 3 PAGES