



ACADEMY

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

ACADEMY STUDENT APPLICATION

This document covers the providing of riding and/or driving instruction by an authorized Instructor at TAYLOR RIVER FARM, LLC (herein referred to as "TRF"). to the Student named below, and participation in Lesson Program activities as deemed appropriate by the Instructor. By signature hereon "TRF" 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.

Student's Name: _____ Date of Birth: _____
Address Street: _____ City: _____ State: _____ Zip: _____
Telephone Home: _____ Cell: _____ Email: _____

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

Parent/Guardian: _____
Address Street: _____ City: _____ State: _____ Zip: _____
Telephone Home: _____ Cell: _____ Email: _____

BACKGROUND:

Prior riding/driving experience: Years: _____ to _____ Number of Lessons: _____
Locations: _____
How did you hear 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 "TRF". or participating in Lesson Program activities, I assume any and all such risk of injury and further, I voluntarily release "TRF" 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 "TRF" or participating in Lesson Program activities, and I agree to indemnify and hold harmless "TRF", its owners, agents, instructors, and employees 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. I further understand that there are no refunds for lessons cancelled less than 24 hours in advance.

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 "TRF" or of the Lesson Program, the staff/Instructors of "TRF", 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 Academy 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: _____