
Rider's Last Name

Rider's First Name

Phone #: _____ Cell: _____

Mailing Address: _____

Email: _____

Medical Information:

Birth Date: _____ M / _____ D / _____ Y Health Card # _____

Do have any severe allergies? If yes, please list. _____

_____ Do you carry an epi-pen? Y N

Please list any other medical conditions or special needs we should be aware of: _____

Parent Information if Rider is Under 18:

Name: _____ Cell: _____

Daytime Phone #: _____ Evening #: _____

Emergency Contact Information: (if parents cannot be reached)

Name: _____ Phone#: _____

Agreement for Acceptance of Risk and Waiver of Liability

On my behalf and on behalf of any minor children participating in these activities, for which I am legally responsible, I agree to the following:

I acknowledge the risks involved in riding and working around horses, which include bodily injury from riding, training or being in close proximity to horses. In addition, it is my clear understanding that both horse and rider can be injured in normal daily activities as well as during show and competition and that no amount of caution, experience or instruction can eliminate all risks.

Name (Parent/Guardian if under 18): _____
hereby agrees to hold harmless and indemnify farm and owner Raynham Stables, Lindsay Mahon AND/OR any Staff and Volunteers and further release from any and all liability or responsibility from accident, property damage, injury, expense or death, to the undersigned or to any family member or spectator accompanying the undersigned on the premises of Raynham Stables due to any cause whatsoever including negligence.

I acknowledge that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my next of kin, heirs, executors, administrators, assigns and/or representatives. I have read and understand the rules required to ride at Raynham Stables.

Signature of Parent/Guardian required for participants under the age of 18

Signature: _____ Date: M ____ / D ____ / Y ____

Print Name and Address: _____

Phone #: _____

Witness Signature: _____