



RIDING ACADEMY REGISTRATION

Student's Name: Last: _____ First: _____ Middle Initial: _____
Birthdate: _____ Sex (*circle one*): M F
Home Address: _____
City: _____ State: _____ Zip: _____

1st Parent/Guardian's Name: _____ Relationship: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
E-mail: _____

2nd Parent/Guardian's Name: _____ Relationship: _____
Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
E-mail: _____

Has your child been diagnosed with (please check):

- ADD DD Cerebral Palsy
 ADHD PDD Bipolar Disorder
 ODD Autism Tourette's
 OCD Asberger's Rett's Syndrome
 MR Fragile X Down's Syndrome
 Chronic Health Problems (*asthma, diabetes, severe allergies*)
 Other: _____

Does your child have an IEP or Behavior Management Plan? (*circle one*) YES / NO

Are there any behavioral medications or psychological issues that the instructors should be aware of?
(*circle one*) YES / NO

Are there any physical limitations that might hinder the student's participation in riding events?
(*circle one*) YES / NO

If you marked yes on any of the above questions, you must submit a clarification letter with your registration form.

I approve this registration and certify that the student is capable of such an experience. I understand that lesson packages are not refundable without a doctor's authorized medical reason (this excludes behavioral or psychological issues). I understand that each lesson missed with less than 24 hours notice will incur a \$20 fee.

I grant permission for the student to participate in all planned riding activities, understanding that competent leadership is provided. In case of accident or illness, Cornerstone Farms is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the parents immediately. I understand the related expenses for this medical attention will be (my) the parent's responsibility. Cornerstone Farms is not responsible for lost, stolen or damaged personal articles. I also authorize Cornerstone Farms to have and use photographs, slides and/or video of the student named on this registration as may be needed for promotional purposes and website session photos. I agree to waive any claims against Cornerstone Farms and its volunteers for injuries or damages that may result from the conduct of other persons including participants in riding academy programs.

Parent/Guardian Signature (*Required*):

_____ **Date:** _____

Release and Hold Harmless Agreement David and Cortland Hendrick/Cornerstone Farms

WARNING: Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities.

Whereas, the undersigned acknowledges the inherent risks of engaging in equine activity including, but no limited to such activities as riding, training, assisting in medical treatment of, driving, or being a passenger upon an equine, whether mounted or unmounted, or assisting a participant, being in close proximity to or working around horses and understands the possibility of injury to both rider and horse in normal use or in competition or schooling, and

The undersigned is aware of the risks of engaging in equine activities (as specified above and in the above Illinois Equine Liability Act), including, but not limited to:

1. The propensity of an equine to behave in dangerous ways that may result in the injury, harm, or death to the participant.
2. The inability to predict an equine's reaction to sound, movement, objects, persons, or animals.
3. The hazards of surface or subsurface conditions.
4. Collisions with other equines or objects, and
5. The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

In consideration, therefore, for the privilege of riding and/or working around horses at Cornerstone Farms or any other property owned by the Stable, or any property adjoining, the undersigned does hereby agree to **hold harmless and indemnify David & Cortland Hendrick/Cornerstone Farms**, their agents and employees, and further releases them from any liability or responsibility for accident, damage, injury, including death, or illness to the undersigned or to any property or to any horse owned by the undersigned or to any family member or spectator accompanying the undersigning for any reason on the premises of Cornerstone Farms.

Please circle: Lessons Boarding Guest

Date: _____

Person voluntarily entering into this Release and Hold Harmless Agreement:

Signature: _____ Name (Print): _____

Address: _____ Phone No. _____

E-Mail Address: _____

If person is a minor (under 18), the signature of a parent or legal guardian is required.

Signature: _____ Name (Print): _____