

**Little Rock Equestrian Center  
6925 Hwy 300  
Little Rock, AR 72223  
501-993-6775**

**NEW STUDENT INFORMATION**

<b>Full Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State :</b>	<b>Zip Code:</b>
<b>Email Address:</b>		
<b>Daytime Phone Number:</b>		
<b>Evening Phone Number:</b>		
<b>Date of Birth:</b>	<b>Parents Name if under 21:</b>	
<b>Emergency Contact:</b>	<b>Phone Number:</b>	
<b>Medical Insurance Company:</b>		
<b>Policy Number:</b>		

<b>Briefly describe your riding experience and what you would like to accomplish in your riding lessons:</b>

**Our Lesson Policy:**

- Lesson/practice rates are posted on our website at [littlerockequestriancenter.com](http://littlerockequestriancenter.com) and are subject to change without notice.
- Lessons will start and end at scheduled time. Students arriving late for lessons will forfeit that time.
- Cancellation without 24 hour notice will forfeit that lesson.
- Any canceled lessons must be made up within 60 days.

**By signing below you acknowledge that you have read and understand the lesson policy.**

**Sign here: \_\_\_\_\_ Date: \_\_\_\_\_**

# HORSE RIDING AGEEMENT AND LIABILITY RELEASE FORM

This form must be completed by and for each participant.

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## PLEASE READ CAREFULLY BEFORE SIGNING

**SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.  
THIS STABLE DOES NOT GUARANTEE YOUR SAFETY OR THAT OF YOUR HORSE.**

**INSTRUCTOR:** Barbara Reeves.

By this agreement made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by and between \_\_\_\_\_, who resides at \_\_\_\_\_, hereinafter referred to as "I" and Little Rock Equestrian Center at 6925 Hwy 300, Little Rock AR 72223 hereinafter referred to as "THIS STABLE."

### IT IS HEREBY AGREED TO AS FOLLOWS:

1. That, I, the undersigned, do for myself and on behalf of my child or legal ward, hereby voluntarily request to participate in riding instruction as a student(s) at THIS STABLE, and that student will either ride his or her own horse or school horses provided by THIS STABLE for instructional purposes.
2. That parent or guardian and/or student understand that horses are unpredictable by nature; that when frightened or angry or under stress, a horse's natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to buck, to rear up in front, or to bite; that horses are extremely powerful; and that if a rider falls to the ground, the fall distance will be generally from 3 1/2 to 5 1/2 feet. I understand these risks, and I voluntarily assume these risks and dangers.
3. That parent or guardian and/or student understands that upon mounting the horse and taking up the reins the rider is in primary control of the horse, and that THIS STABLE is not responsible for the results of the student's actions or inactions. The rider further agrees to not abuse, misuse, or deliberately agitate the horse as these actions may result in increased risk to myself and others.
4. That parent or guardian and/or student has been advised that student's should purchase and wear a helmet or heard hat and to wear it in and around THE STABLE so as to prevent horse related injuries.
5. LIABILITY RELEASE: That I understand that, except in the event of THIS STABLE'S wanton and willful negligence, I am responsible for bodily injury or property damage which I (parent or guardian and/or student) should sustain on THIS STABLE's premises and/or trails and/or while riding a horse, and/or while in transit to or at horse shows, trail rides, or similar expeditions, and for any time I or my child or legal ward shall lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage; and that I hereby, for myself, my heirs, administrators and assigns release and discharge the owners, operators, and sponsors of THIS STABLE and their respective servants, agents, officers and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person or that of my child or legal charge and/or property.

### **WARNING:**

Under Arkansas Law, an equine activity sponsor is not liable for an injury to or the death of, a participant in equine activities resulting from the inherent risk of equine activities.

6. That the student is currently covered by accident-medical insurance and will remain insured for the duration of all riding instruction at THIS STABLE.

Name of insurance company is \_\_\_\_\_  
Policy Number is \_\_\_\_\_

That I further understand that should medical emergency treatment be required, the current insurance information here listed will be provided to the attending clinic or hospital to cover future payment of incurred bills.

7. That this agreement is entered into in the state of AR and will be interpreted and enforced under the laws of that state.

I, THE UNDERSIGNED, BEING OF LEGAL AGE AND OF SOUND MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE. I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT THIS DATE.

Full name(s) of student rider(s) if under age or guardianship:

1. \_\_\_\_\_ Age \_\_\_\_\_
2. \_\_\_\_\_ Age \_\_\_\_\_
3. \_\_\_\_\_ Age \_\_\_\_\_
4. \_\_\_\_\_ Age \_\_\_\_\_

Listed on reverse side are the details of any allergies, ailments or handicap a student may have, and of which THIS STABLE should be aware.

PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF RIDER \_\_\_\_\_ DATE \_\_\_\_\_  
(if of legal age and not under guardianship)

FULL ADDRESS AND PHONE:

\_\_\_\_\_  
\_\_\_\_\_

### Photo Release

I DO / DO NOT consent to and authorize the use and reproduction by Little Rock Equestrian Center of any photographs and any other audio-visual materials taken of me or my child for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent or Guardian Signature if rider is under 18 years of age)

Rider Name: \_\_\_\_\_  
(Print name of rider)