



**National School of Academic Equitation: registration for Intensive.**

**Rider's Name:** \_\_\_\_\_ Age \_\_\_\_\_

**Address:** \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_

Country \_\_\_\_\_

E-mail: \_\_\_\_\_

**Telephone Numbers:** Home : \_\_\_\_\_ Cell: \_\_\_\_\_

In Emergency Contact: \_\_\_\_\_

Please note if the rider has *any* health issues, including chronic pain or allergies, or is taking medications that might affect cognition or balance.

**Equine Activities/Emergency Medical Release Form**

I understand that the caring for and the riding of horses are inherently dangerous activities. I understand that riders, spectators and support people on site at any equine facility are at risk. I understand that riding may include falling off, and that horses occasionally kick or bite and that any of these unfortunate occurrences may result in injury or death. I agree to indemnify and hold harmless the National School of Academic Equitation, Inc., its employees and assigns, and Craig Stevens and Mary Anne Campbell, individually, against all claims and liabilities including incidental cost and expense for injury to or death of any person or persons, or for loss or damage to any horse or any property arising from or in any way connected with the performance of services by National School of Academic Equitation, Inc., its employees and assigns, Mary Anne Campbell or Craig Stevens.

I, the undersigned, authorize *National School of Academic Equitation, Inc* or its representatives to sign for emergency treatment in any licensed medical facility. I also agree to be financially responsible for all treatment authorized by *National School of Academic Equitation, Inc.* or its representatives. I further agree that a clear photocopy of this document shall serve the same purpose as the original.

***I've read and understand the above:***

***Rider's, (or if the rider is a minor, Rider's Parent's) Signature:***

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

***Print Name :*** \_\_\_\_\_

*Sometimes we take pictures- may we use photos or videos that might be taken when you are here working with the horses on our website, in a video or brochure?*

Yes \_\_\_\_\_ No \_\_\_\_\_ *Please check with me each time* \_\_\_\_\_

*Deposit paid: equal to the cost of the first day's rides.* \_\_\_\_\_ *Balance due* \_\_\_\_\_

Dates scheduled with office for Intensive: \_\_\_\_\_ through \_\_\_\_\_

(Please note that Craig and Mary Anne do not teach on Fridays.)