

RUTH E. SQUIRES

CHA Certified Riding Instructor & Trainer
Phone (352) 527-4901, E-mail: Ruth@Squiresstables.com

WARNING

UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES DUE TO THE INHERENT RISKS OF EQUINE ACTIVITIES.

Participant/Rider's Registration and Release Form

Registration

Participant/Rider's Name _____

Address _____ City _____ State _____ Zip Code _____

County _____ Date of Birth _____ Age _____

Home Phone _____ Work Phone _____ Emergency _____

Liability Release

_____ (Participant/Rider's Name) would like to ride under the instruction of Ruth E. Squires a CHA certified riding instructor. I acknowledge the risks and potential for risks associated with horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward/my horse are greater than the risks assumed. I hereby, I intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Ruth E. Squires for any and all injuries and/or losses I/my son/mydaughter/myward/my horse may sustain while riding under the instruction of Ruth E. Squires.

Guardian/Parent _____ Date _____

(Guardian/Parent must sign if Participant/Rider is under 18 years of age)

Participant/Rider's Signature _____ Date _____

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Participant/Rider's Authorization for Emergency Medical Treatment Form

In the event of emergency medical aid/treatment is required due to illness or injury during the process of receiving services from Ruth E. Squires, I authorize Ruth E. Squires to:

1. Secure and retain medical treatment and transportation if needed.
2. Release Participant/Rider records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant/Rider _____
Print Name Signature Date

Parent/Guardian _____
(If participant/Rider is under 18 years age) Signature Date

Address _____
Street City State Zip

Home Phone _____ Work Phone _____
Physician's Name _____ Physician's Phone _____

CONSENT PLAN This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if Guardian/Parent or Emergency Contact is unable to be reached.
Initial one: _____ Yes _____ No

NON CONSENT PLAN I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services from Ruth E. Squires.

Initial one: _____ Yes _____ No

In the event emergency treatment/aid is required, I wish the following procedures to take place:

EMERGENCY CONTACTS

1) Name _____ Relationship to Participant/Rider _____

Day Phone _____ Evening Phone _____

Address _____

2) Name _____ Relationship to Participant/Rider _____

Day Phone _____ Evening Phone _____

Address _____

INSURANCE INFORMATION

Is the Participant/Rider covered by Medicaid? Initial one: _____ Yes _____ No

Is the Participant/Rider covered by medical/hospital insurance? Initial one: _____ Yes _____ No

Health Insurance Co _____ Group # _____

Carrier _____

address _____

Name of Insured _____

Social security number of policy holder or insurance ID number _____

HORSE ACTIVITIES COME WITH THESE WARNINGS

RUTH E. SQUIRES
SQUIRES STABLES, Beverly Hills FL
PARTY PROVIDING THESE WARNINGS

The recipient(s) of this form is/are hereby warned as follows:

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Section 1. PROTECTIVE ATTIRE

- A. **PROTECTIVE HEAD GEAR** Each horse handler should consider wearing properly fitted and secured protective head gear (equestrian riding helmet), preferably bearing the STANDARD ASTM F emblem. Wearing of such headgear while driving, mounting, riding, dismounting and being around horses, may prevent or reduce the severity of some head injuries and may even prevent death as a result of a fall and/or other occurrences.
- B. **FOOT PROTECTION** Horse handlers, riders and drivers should wear hard, smooth-soled Western or English riding boots with 1 inch heels to provide protection for the feet in event that a horse steps on a foot, and also to assist in preventing the foot from slipping all the way through the stirrup and becoming caught while riding, mounting, dismounting, and/or other occurrences. Soft socks provide additional protection against chafing and allow for easier removal of the foot from the boot.
- C. **CLOTHING** Horse handlers, riders and drivers should wear long pants to protect legs, and riders should also consider wearing equestrian pants, breeches or jodhpurs with leather inner knee/calf patches, or chaps, or other leggings that provide inner leg grip and added stability in the saddle.

Section 2. INHERENT RISKS

- A. **NATURE OF THE HORSE** Horseback riding and horse driving is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and there are numerous obvious inherent risks always present in such activity despite all safety precautions. No horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse to the ground it will be generally a distance of from 3 ½ to 5 ½ feet, and the impact may result in further injury to the rider. Horseback riding/horse driving is the only sport where one much smaller, weaker predator animal, the human, tries to control and become one unit of movement with another much larger, stronger prey animal, the horse, with each having a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short, changing direction or speed at will, shifting its weight from side to side, bucking, rearing, biting, kicking, or running from what it perceives as danger.

STATEMENT OF AWARENESS

“I/WE HAVE READ AND DO UNDERSTAND THE FOREGOING WARNINGS CONCERNING HORSE ACTIVITIES.”

Parent/Guardian _____ Date _____
(Parent/Guardian must sign if Participant/Rider is under 18 years of age)

Parent/Guardian for _____
Print (Name of Participant/Rider)

Participant/Rider's Signature _____ Date _____

Package Selection Sheet:

Group: \$120 per month per rider

*4 lessons per month on scheduled day

**Additional \$20 per month for travel reimbursement of away lessons

Private: \$160 per month per rider

*4 private lessons per month on scheduled day

**Additional \$20 per month for travel reimbursement of away lessons

Family Group: \$200 per month for 2 riders

* 4 group lessons per week on scheduled day

Horse Crazy Students: \$240.00 per month per rider

*8 lessons per month (can be group or private) on scheduled days

Semi-Lease: \$180 per month (available to approved students)

*4 group lessons per month + 4 practice rides per month on scheduled days

Horse Crazy Semi-Lease: \$300 per month (available to approved students)

*8 lessons per month + 4 practice rides per month on scheduled days

Lessons & Horse Training: \$250 per month

*4 riding lessons on your horse and 4 -1 hour horse training sessions.

**Additional \$20 per month for traveling expenses

**All lesson fees are to be paid in advance of the lessons on the 1st of each month. When re-scheduling needs arise reasonable attempts will be made to find a mutually agreeable time for the makeup lesson – no refunds for missed lessons or inability to reschedule.*

*****Traveling Costs for Away lessons:***

The above Group & Private rates apply with an additional travel reimbursement of \$20.00 per package for away lessons.

Guardian/Parent _____ Date _____

(Guardian/Parent must sign if Participant/Rider is under 18 years of age)

Participant/Rider's Signature _____ Date _____