

Equestrian Participant Record Form

Greenacres Horsemanship Academy, LLC dba Greenacres Equine Center

Participant's name: _____ Date ____/____/____
Nickname: _____

Parent(s) or Guardian(s) name: _____
Address: _____ City _____ Zip _____
E-mail address: _____ Phone #: h _____ w _____ c _____

Parent or Guardian, please fill-in the following information:

Participant's birth date ____/____/____ (Participant must be 8 years old to ride a horse)
Participant's weight (in pounds/lbs): _____

Initials _____ Date ____/____/____

Restriction:

Rider's weight is not to exceed 20% of the horse's weight. For example a 200 lbs rider's horse must have a minimum weight of 1,000 lbs, $200/1,000 = 20\%$. GEC's horses vary in weight. For both the rider and horse's safety, GEC restricts the maximum weight of all riders to 200lbs.

Horse riding experience level: (for minor children parent or guardian must indicate experience level)

- ___ Introductory (in a ring setting, has had fewer than 7 English style riding lessons)
- ___ Level 1 [capable of posting at a trot (in a ring setting, has had more than 7 English style lessons)]
- ___ Level 2 [capable of sitting a canter and controlled post on the correct diagonal (beginning jumper)]
- ___ Level 3 (capable of controlled canter on correct lead and jump cross-rail courses)
- ___ Level 4 (exhibits good horse control; capable of handling 2 foot jumps)

Participant and/or Guardian's Initials _____ Date ____/____/____

Comments:

Participant's Emergency Medical Information

(Instructor will receive this information)

Participant's name: _____

Participant's gender _____ (Male = M, Female = F)

Parent's name (if different from guardian) _____

Parent's address _____ City _____ Zip _____

Mother's phone #s h _____ w _____ c _____

Father's phone #s h _____ w _____ c _____

Emergency contact _____ Relation _____

Emergency phone # h _____ w _____ c _____

Physician's name _____ Phone #s _____

Dentist name _____ Phone #s _____

Hospital preference _____

Health Insurer _____ Id # _____

Grp # _____

Dental Insurer _____ Id # _____

Grp # _____

Employer _____

Participant's special health need(s) or other special instructions

Initials _____ Date ____/____/____

Upon unsuccessful attempt to contact me, I consent to emergency medical treatment, deemed necessary by a licensed physician or dentist, at the nearest hospital emergency facility or at the hospital identified above. This consent includes immediately responding emergency medical personnel.

Parents or guardian(s) signature _____ Date ____/____/____

_____ Date ____/____/____

Greenacres Horsemanship Academy, LLC
dba Greenacres Equine Center

**Assumption of Risk
and
Horse Activities Warning and Injuries Reduction Suggestions**

Greenacres Horsemanship Academy, LLC, herein after known as (provider) located at:
8400 Blome Road
Cincinnati, Ohio 45243

I / we, _____ / _____ (participant / parent or guardian) acknowledge that, during the participant's horse activities at the provider's stable, the potential for injury and / or damage and death (consequences) is continuously present. I realize safety measures can minimize, but not eliminate, the potential consequences of horse / stable activities. I / we agree: in consideration of allowing the participant to participate in horse and stable activities, to hold the provider and Greenacres Foundation (owner), their trustees, officers, employees, volunteers and members harmless from any consequences I / we / participant may sustain or cause, while on the stable premises or participating in horse / stable activities. Also, I / we agree to indemnify the provider and / or owner for all cost, expenses and attorneys' fees arising from injuries, damages and death(s) sustained by and / or caused by the above identified participant(s).

Initials of participant / parent or guardian _____ Date _____

I / we acknowledge many participants in horse / stable activities are Minors. Due to the nature of horse / stable activities, these Minors will have a degree of control over horses and the stable facilities. This control has the potential to cause injury, damage and death to /of other participants and stable facilities. In that all horse / stable participants have a common exposure to the consequences of horse / stable activities, I / we agree to hold other Minor participant(s) harmless for the consequences to / of the participant.

Initials of participant / parent or guardian _____ Date _____

Definition of participant's potential horse, horsemanship and stable activities hazards

- Horse hazards: include but not limited to; hooves, teeth, head, weight; being shoved, stepped-on, pinned, crushed, dragged, bitten, kicked
- Sandwiched; allowing your body to become positioned between a horse and a fixed object, includes another animal
- Allowing a horse to place its nose, mouth, or head against your body
- Approaching toward any direction other than the shoulder of a horse
- Mounting and dismounting from any direction other than the left-side of a horse

- Inherent risk; the potential of injury, damage or death related to the nature of the activity
- Positioning your foot completely through the stirrup; while mounting, riding or dismounting
- Wrapping or securing a line around any part of your body: hands, arm, neck, waist or leg, while controlling, tying off or securing a horse with rope, reins or lead-line (line)
- Damaged head protective system (headgear), such as plastic outer-shell showing crack
- Saddle girth strap has a tendency to become loose while riding; requiring periodic tightening
- Stirrup leather's buckle may slide out of position; requiring periodic adjustment
- Falling on / through slippery, uneven surfaces, opened doors, loading and unloading areas, lofts and storage areas
- Sharp barn implements; nails, splinters, hay-forks
- Rodents, cats, snakes and vermin

Appropriate type and fit of apparel

Headgear

- Meeting Safety Equipment Institute (SEI) ASTM standard F1163 associated with equine activities for: head coverage, impact resistance, rapid movement and stress stability of protective head coverage provided by retention system, appropriate consumer information (is a **mandatory requirement**)
- Safety helmets for other athletic uses (such as but not limited to: biking, la cross, hockey) are not acceptable
- No damaged headgear

Pants

- Waist to top of foot stretch fitting or moderately loose fitting
- Saddle stabilizing features to enhance inner leg grip, such as equestrian pants, jodhpurs, chaps; with leather or similar material, friction reducing patches are **recommended** but **not** mandatory

Foot Protection

- Smooth, fully soled shoes or boots, which cover the ankle and have at least a quarter inch heel

I acknowledge and agree for myself and on behalf of the participant that GEC staff is not responsible for inspecting or maintaining my apparel: headgear, pants and foot protection, shown above. It is my responsibility to secure and utilize headgear that complies with the recommended standards identified above.

Initials of participant / parent or guardian _____ Date _____

Inherent Potential of injury and / or damages; Assumption of Risk

I / We acknowledge that: horse and stable activities; mounting and dismounting, horseback riding, training involving the handling of and caring for horses, and preparation of horses for riding activities involve a high potential for injury, damage and

death (risk). Horses are large, agile, herd animals, which may react suddenly to sound, visual, and / or direct or indirect impact stimuli. These reactions may be violent and include but are not limited to: kicking, jumping, rapid movement, bucking, biting, rearing, uncontrollable running. These horse related hazards will result in participant(s) being thrown from a horse, kicked, bitten, pinned or crushed due to interaction with horse(s). There is no amount of precaution or safety measures that can eliminate inherent risks. Further, as the number of hours interacting with horses increases, all participants will experience some degree of injury, damage or death. For myself and the participant(s), I accept and assume responsibility for inherent risks.

Initials of participant / parent or guardian _____ Date _____

Horses are:

- up to 15 times larger
- 20 to 40 times more powerful (stronger)
- 3 to 4 times faster; than a human being
- the top of a horse's back is as tall or taller than the height of an average man

When sitting on a horse's back, a participant is at a height of 6 feet. It is similar to sitting on a 6 foot ladder that may and will move. Falling from this height will cause discomfort, injury, damage or potentially death.

Horseback riding, driving and training are activities in which one much smaller, weaker predator animal (the human) imposes its will on and become one unit of movement with, another much larger, stronger prey animal (the horse) that has a mind of its own; each having a limited understanding of the other's intent. If a horse is uncertain, frightened or provoked it may divert from its training and act according to its natural survival instincts. These instincts include but are not limited to: stopping short, spinning, changing direction and or speed, shifting its weight, bucking, rearing, kicking, biting and / or running from danger (hazards). All such horse behaviors or reposes may result in participant injury, damage or death. Also, I acknowledge that these are just some of the hazards and risks of horse and/or stable activities. I agree to assume others risks not mentioned above. I am not relying on GEC to list all possible hazards and risks for me.

Initials of participant / parent or guardian _____ Date _____

I hereby agree for the participant, myself, my heirs, successors, assigns, and employing entity by my signature affixed below.

Name: _____ Date: _____

Signature: _____

Address: _____

Phone: _____

**Greenacres Horsemanship Academy, LLC
dba Greenacres Equine Center (GEC)**

8400 Blome Road
Cincinnati, Ohio 45243

Provided Equestrian Head Protective System (Headgear) Agreement and Release

Name of minor participant: _____

Address: _____

Name of parent or legal guardian: _____

Address if different from participant: _____

I, _____ (parent and/or legal guardian / me / my) of the above identified participant, _____ (participant / me / my) am aware of the potential for injury and damage (harms) to me associated with equestrian training and programs. These potential harms to the participant include but are not limited to:

- Falling from or while mounting and dismounting, a horse
- Being pushed, pinned, stepped upon, bitten, and/or kicked, by a horse
- Being thrown from, dragged by, a horse; while riding, jumping or mounting and dismounting

Due to the above potential injuries associated with horses, GEC requires that all participants have and wear appropriately protective headgear, while interacting with horses. All headgear needs to meet or exceed SEI standards, ASTM F 1163. As necessity may require and by my initials below, I authorize and request headgear be provided for the participant's use. Also, I agree GEC and/or its employees can not guarantee the suitability of any specific headgear for an individual participant. Further, I assume responsibility for all injuries and damages sustained by or caused by the participant's headgear (provided to or worn by). I release GEC, its directors, trustees, officers, employees from all liabilities associated with the participant's headgear.

Initials _____ Date _____

I agree to hold GEC, Greenacres Foundation and their officers, directors, trustees, employees, agents, and assigns harmless from injuries and damages sustained by or caused by the participant's headgear. I will indemnify GEC and Greenacres Foundation for the cost, expenses and attorneys' fees associated with claims, lawsuits and arbitration

procedures arising from such injury and damages to or caused by the participant's headgear.

Initials _____ Date _____

Headgear:

I acknowledge and agree for myself and on behalf of the participant that GEC staff is not responsible for inspecting or maintaining my headgear. It is my responsibility to secure and utilize headgear that complies with the recommended standards identified above.

Initials _____ Date _____

By my signature affixed below, I hereby agree to the above terms for myself, my heirs, successors, assigns and employing entity.

_____ Date _____
Signature of Participant (Spouses must sign for themselves)

_____ for _____ Date _____
Signature of Parent, Guardian and/or Spouse Participant

_____ for _____ Date _____
Signature of Parent, Guardian and/or Spouse # 2 Participant

_____ Date _____
GEC employee/witness

Originator: MRR1

Date: 02.04.2009

Revised by:

Date revised:

**Greenacres Equine Center
Photograph Release**

I give permission to Greenacres to use any photographs taken of my child while participating in Equine Center programming for the sole purpose of promoting Greenacres and its programs.

I have read this Release, know the contents thereof, and have signed of my own free will.

Parent/Guardian

signature: _____ Date _____

Telephone Number(s): Home _____ Work _____