



# Riding Waiver and Agreement 2012

I, the undersigned riding student or the legal guardian of a minor riding student, hereby agree that High Point Farm, hereinafter referred to as HPF, Inc., contracted workers, employees, equine owners, CZ Farms, Inc., THF-EQ LLC; High Point Land Holding LLC, Stephanie P. Cumming, LLC.; and/or spectators shall not be responsible for any damages, accident, injury, death and/or theft to any spectator, student, and/or student's mount with regard to any riding lessons conducted on the premises where HPF, Inc conducts business. The undersigned realizes that working with and around horses involves considerable risk. Therefore, the undersigned agrees to waive, release, indemnify and hold harmless HPF, Inc., its owners, contracted workers, contracted instructors, leased horses and their owners, and any associated land owners from any claims or demands for damages, injury, death, or theft to any person or property resulting from said student's activities on the premises where HPF, Inc conducts business.

I, the undersigned, also understand that as a student, prospective equine purchaser and/or spectator, I am not covered under any HPF, Inc. insurance policy. Nor am I interested in making any claims against HPF, Inc. Instead, I agree to be covered for any damages, accident, injury, death, and/or theft by my own insurance policy and/or by my minor's insurance policy, or risk no coverage at all.

I, the undersigned, also give HPF, Inc. and/or its representatives the authority to allow me or said minor to receive medical treatment, if necessary. Therefore, I provide below my insurance for any costs arising from this medical treatment.

As a participant in any HPF, Inc. activity, I agree to follow any and all rules specified by HPF, Inc. and/or its representatives, as well as those implied by prudent equine standards. In addition, I agree to the following:

1. Pay in full at the beginning of each lesson or, if on a package, each month, unless otherwise arranged;
2. Pay in full for a scheduled lesson that I have cancelled without 24-hour notice of cancellation;
3. Should bad weather arise, the instructor has full discretion either to hold an unmounted lesson or to reschedule the lesson. Instructors are responsible for rescheduling cancelled lessons.
4. The undersigned acknowledges that HPF, Inc. requires all riders under 18 years old to wear ASTM-SEI-approved helmets. HPF, Inc. also recommends that all riders over 18 years old wear ATM-SEI-approved helmets. However, if anyone over 18 years old declines the use of a helmet, they willingly do so at their own risk of injury or death.

**WARNING!**

**UNDER GEORGIA LAW, AN EQUINE ACTIVITY SPONSOR OR AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA, ANNOTATED.**

Student's Full Name	Parent/Legal Guardian [students under 18]
Address	City, State, Zip
Phone #	E-mail

Emergency Contact Name	Emergency Contact Address
Emergency Contact Phone	Health Insurer/Policy Number

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical Release for Minor Riding Students [under 18]

I, \_\_\_\_\_, the parent or legal guardian of the child designated below, hereby authorize the trainer responsible for my child, \_\_\_\_\_ as my child's temporary guardian, to seek medical attention for my child, \_\_\_\_\_.

I know that I am responsible for any and all medical expenses incurred under this authorization and willingly give my permission for such treatment.

Child's Insurer	Policy #
Child's Physician	Phone #
Allergies or pertinent medical history	

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
HPF, Inc. Representative

\_\_\_\_\_  
Date