

# MOUNT HOLYOKE

## Riding Lesson Program Application Form

### Section I General Information

Today's Date \_\_\_\_\_

*Print in legibly ink (not pencil) please!*

Rider Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Family email addresses where you would like weekly updates to be sent \_\_\_\_\_

Who is your Health insurance company? \_\_\_\_\_ Member #? \_\_\_\_\_

Other contact in case of emergency \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Please list any medications you are taking and what they are for \_\_\_\_\_

Please list any allergic problems or reactions \_\_\_\_\_

Please list any health, physical or mental impairments \_\_\_\_\_

### Section II Assumption of Risk / Rider Release / Medical Authorization

Riding is a high risk sport. While we take precautions against injuries, please know that horses in general may be unpredictable and accidents may occur. Please read and complete the **Assumption of Risk** below. Thank you.

#### **ASSUMPTION OF RISK**

Despite precautions, injuries can and will occur. I understand that EQUINE ACTIVITIES are potentially dangerous and that I may be injured and/or lose or damage personal property as a result of participation in the program. Therefore, I ASSUME ALL RISKS RELATED TO THE ACTIVITIES including but not limited to: bodily injury of any nature whether severe or not, including but not limited to head trauma, joint trauma, broken bones, oral, eye or facial injury, other muscular-skeletal injury which may be temporary or permanent, including death, which may occur as a result of riding horses or equipment, physical surroundings or other riders and horses. I understand that injuries such as fractures, joint sprains and dislocations, muscle strains and contusions are commonplace in sports.

I further understand that under Massachusetts Law, Section 2D of Chapter 128 of the General Laws, "no participant or participant's representative shall make any claim against, maintain an action against, or recover from an equine activity sponsor, an equine professional, or any other person for injury, loss, damage, or death of the participant resulting from any of the inherent risks of equine activities."

My signature below indicates that I have read, understood, accept and freely signed this agreement, which shall take effect as a sealed instrument.

#### **REQUIRED SIGNATURES**

Rider \_\_\_\_\_

Parent #1 \_\_\_\_\_ Parent #2 \_\_\_\_\_



Rider Name: \_\_\_\_\_ Date \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Mount Holyoke College Rider Release Form and Medical Authorization**

I, the undersigned, as a rider over the age of 18 or as the parent/s or legal guardian of a rider under 18, release Mount Holyoke College Equestrian Center, any instructor, any employee, and/or any agent of Mount Holyoke College Equestrian Center employed by Mount Holyoke College (hereinafter referred to as the "Released Parties" ) on account of any and all claims, liability, and causes of action arising out of horse riding and/or horse handling. I understand that horse riding is an inherently dangerous activity, which may result in injury and/or death. I understand that any horse may react in an unforeseen manner at any time and that no one can predict or prevent such unforeseen actions. I understand that an injury, or accident, including serious or life-threatening injury or accident, could occur at any time, regardless of what activity the horse and rider are engaged in. I understand that injury may occur while standing near or beside or while handling a horse.

The necessity and purpose of safety equipment including but not limited to an ASTM approved helmet has been explained to me. I have been advised that wearing such equipment is a requirement for riding at Mount Holyoke College. I understand that if I refuse to wear such safety equipment, I am doing so against the specific rules of the Released Parties. Concerning wearing safety equipment weather borrowed or owned I agree to be fully liable for any injury which may occur to me and I release any and all claims and causes of action I might have against the Released Parties.

I intend that this release shall be effective every time the rider rides or is present at the Mount Holyoke College Equestrian Center or at any other site when accompanied by a Mount Holyoke College Equestrian Center employee, and that a new release will not be executed or required each such time.

The undersigned "Rider" or "Parent/s - Legal Guardian" hereby indemnifies and agrees to defend and hold harmless the "Released Parties" from any and all damages, loss or injury which may result from any such equestrian activity as described above. Both legal parents are to sign this document for admission into the Saturday Community Lesson Program.

This release and indemnification shall be binding upon the successors, heirs, next of kin, personal representative, executors and administrators of the "Rider".

In signing this release, the "Rider" or "Parent/s - Legal Guardian" hereby acknowledges that the "Rider" or "Parent/s - Legal Guardian" has read, understands and signs said release voluntarily, and that he or she is over 18 years of age and of sound mind.

In the event that the above named rider requires emergency medical treatment on account of any accident or injury which may occur in connection with any activities at Mount Holyoke College Equestrian Center, the authorities at the Mount Holyoke College Equestrian Center are hereby given full authority to provide or transfer all authority to medical professionals all such necessary emergency medical treatment for the above named Rider including permission for administration of anesthesia.

Rider  
Signature: \_\_\_\_\_  
#1 (Parent or legal guardian if rider is under 18) #2 Parent

Legible printed name/s of above signature/s (Parent 1) \_\_\_\_\_  
(Parent 2) \_\_\_\_\_

This release form and medical authorization is the property of Mount Holyoke College, 50 College Street, South Hadley, MA 01075. Fax # (413) 538-2854. Phone # (413) 538-2272.