

## Hidden Haven Farms

### Waiver Form:

Class: \_\_\_\_\_ #\_Horse Experience \_\_  
 Day: \_\_\_\_\_ Time: \_\_\_\_\_

In consideration of your accepting this registration, I hereby agree to indemnify and hold harmless. Hidden Haven Farms and any of their officers, contractors, volunteers, counselors in training, agents or employees from any liability or claim or action for damages resulting from or in any way arising out of participation in this program by the person registered or family members, relatives or friends.

I understand that horses may without warning or apparent cause, stumble, fall, rear, bite, kick, run make unpredictable movements, spook, jump obstacles, step on a person's foot, push or shove a person, resulting in serious injury or death.

I understand that saddles, bridles can break without reason and cause harm to the rider. Handling animals is a dangerous activity and involves RISKS that may cause SERIOUS INJURY and in SOME CASES DEATH.

I am in good health and have no prior back problems which should keep me from riding a horse. I understand that this Horse Experience is a basic introduction to horsemanship, safety and basic riding.

Each rider will be evaluated to his/her riding abilities to determine if rider goes out on trail. Otherwise, rider stays in the riding arena. Or rider maybe lead with leadline side walker for safety liability!

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

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

Email: \_\_\_\_\_

Fee: \_\_\_\_\_

### PARENTAL CONSENT FORM

Minor's Name \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_ Signature  
 of \_\_\_\_\_