



**Graham Equestrian Center, Inc.
Lesson Enrollment Form**

Private or Group Riding Lessons

Equine Experience Center

Participant's Name: _____

Date of Birth (if under 18 yrs): _____

Parents' Names (if minor): _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone (home): _____ Phone (cell): _____ Phone (work): _____

Email Address: _____

Emergency Contact: _____

Experience with horses: None Very little, have touched or only looked at horses

Not interested in learning to ride – but would like to be comfortable around horses, learn about horses

Some riding – supervised/lead line Some riding Some lessons

Moderate experience / occasional rider Experienced, own or owned a horse

Extensive experience

RIDERS ARE REQUIRED TO COMPLETE A "RIDER INFORMATION FORM" PRIOR TO LESSONS.

Signature of Participant

Date

Graham Equestrian Center

Rider Information Sheet

[PLEASE PRINT INFORMATION CLEARLY]

Rider's Name: _____ Nickname (if applicable): _____

Address: _____

Phone Numbers: (home) _____ (work) _____ (cell) _____

D.O.B. (if under 18 years of age): _____

NOTE: If Rider is a minor (under 18 years of age) parental permission for emergency medical treatment must be secured prior to participation.

EMERGENCY CONTACT: _____ Relation: _____

Phone Numbers: (home) _____ (work) _____ (cellular) _____

Riding Experience:

Style(s) of Riding: _____

of Years: _____ Currently own your horse? Yes No Ever owned a horse? Yes No

Detailed Description of Riding and Handling Experience(s): _____

Medical History:

Personal Physician's Name: _____

Contact Information: (office #) _____

Health Status (including physical and mental conditions or limitations; chronic conditions; known allergies): _____

If applicable, has your Physician authorized your participation in this activity? Yes No
(If requested by Facility, Physician's Release must be attached to this form.)

Medical Insurance:

Are you insured? Yes No

Insurance Carrier: _____ Policy #: _____

Carrier's Address: _____

DATE: _____

Signature of Participant

Signature of Parent/Guardian of Minor Participant

RECEIVED BY: _____ (Print Name of Instructor) _____ Date

Evaluation of riding skills _____

***Friends of Gunpowder Falls State Park
Graham Area Equestrian Center, Inc.***

PARTICIPANT AGREEMENT:

Assumption of Risk, Waiver of Liability, and Indemnification Agreement

Assumption of Inherent Risks: I understand and assume the inherent risks involved in equine activities, which risks include, but are not limited to, bodily injury, physical harm and even death to horses, riders, and spectators from using, riding or being in close proximity to horses may occur in normal use. I acknowledge that the behavior of any animal is contingent to some extent upon the ability of the handler or rider. Further, I understand that "inherent risks of equine activities" shall mean those dangers or conditions which are an integral part of equine activities, including, but not limited to:

- the propensity of any equine to behave in ways that may result in injury, harm, or death to persons on or around them and/or damage to property in their vicinity;
- the unpredictability of an equine's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals;
- certain hazards such as surface and subsurface objects;
- collisions with other equines, animals, people and objects (fixed or otherwise);
- limited availability of emergency medical care; and
- the potential of a participant or spectator to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his/her ability.

Waiver of Liability: For the privilege of riding and/or working around equines at Graham Equestrian Center today and on all future dates, I, on behalf of myself, my family members, my heirs, personal representatives, or assigns, do hereby agree to release, waive, and discharge Friends of Gunpowder Falls State Park Graham Area Equestrian Center, Inc. (hereinafter "Graham"), Gunpowder Falls State Park (hereinafter "GFSP"), and its directors, managers, employees, volunteers, and agents from any liability or responsibility for accident, damage, injury, or illness to myself or any horse owned by me or any horse not owned by Graham but used by me, or to any family member or spectator accompanying me while on the premises of Graham resulting from the inherent risks of equine activities or from the ordinary negligence (active or passive) of Graham or GFSP.

AND that except in the event of Graham's or GFSP's gross and willful negligence, I agree not to bring any claims, demands, actions and causes of action, and/or litigation, against Graham or GFSP for any economic and non-economic losses due to bodily injury, death, and/or property damage sustained by me in relation to the premises and operations of Graham, including while riding, handling, or otherwise being near horses owned by or in the care, custody and control of Graham,

Indemnification: I also agree to hold harmless, defend, and indemnify Graham and GFSP (including, but not limited to, costs associated with defending a suit, judgment, courts costs, investigation costs, and reasonable attorney fees) from any and all claims of mine, my family members, or others arising from my injury or loss due to my participation as a rider, handler, or spectator.

I further agree to hold harmless, defend, and indemnify Graham and GFSP against any and all claims of co-participants, rescuers, and others arising from my conduct in the course of my participation as a rider, handler, or spectator.

Acknowledgements, Assertions, and Agreements: I warrant that a full and fair disclosure of my equestrian handling and riding abilities have been made to Graham, its directors, managers, employees, and agents. Further:

Health Status – I assert that I:

- Have fully disclosed to Graham any chronic conditions that could impair my ability to participate as a rider, handler, or spectator and have provided a doctor's release permitting my participation (if applicable).
- Do not have any undisclosed chronic physical or mental conditions that would contra-indicate participation in equine activities.
- Possess sufficient physical fitness and skill to enable safe participation with, on, and around equines.

Emergency Care – I authorize or agree that Graham:

- May administer emergency first aid, CPR, and use an AED when deemed necessary by Graham.
- May secure emergency medical care or transportation (i.e., EMS) when deemed necessary by Graham.
- May share my medical history with emergency medical personnel when deemed necessary by Graham.
- And I shall assume all costs of emergency medical care and transportation provided on my behalf.

Rules & Safety Equipment – I agree:

- To abide by the rules and regulations established by Graham and GFSP.
- To wear an SEI/ASTM approved riding helmet at all times while mounted on the horse, or warrant I understand the risk and danger of riding without a riding helmet and so choose not to wear a riding helmet. (NOTE: Riders under 18 yrs of age may not waive the use of a riding helmet.)
- To wear appropriate footwear at all times while on the premises of Graham and GFSP.
- To inform Graham immediately if I become aware of rider conduct or equipment condition that presents a danger to myself or others.

- That Graham will conduct all activities in good faith and may find it necessary to terminate my participation if it is determined that I am incapable of safely meeting the rigors of the activity. I accept Graham's right to take such actions for the safety of myself, other riders, and/or the horses.

Covenant not to Sue; Mediation; Venue; and Severability Clauses: I covenant not to sue Graham or GFSP for any present or future claim arising directly or indirectly from my participation with equines at the Graham Area Equestrian Center. This includes claims resulting from the inherent risks of equine activities and the active or passive negligence of Graham or GFSP.

This Agreement shall be construed and interpreted in accordance with the laws of the State of Maryland. Any action brought under this Agreement shall be brought within one (1) year of the incident or dispute giving rise to said claim. I further agree that *prior to litigation*, such incident or dispute shall first be mediated by a trained Mediator knowledgeable in equines and equine activities from a list acceptable to Graham and/or GFSP (whichever party is in dispute). Costs of mediation shall be shared equally by the parties. In the event of litigation, the prevailing party shall be entitled to costs and fees associated with the litigation, including reasonable attorney fees.

I also expressly agree that this Participant Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

Acknowledgement of Understanding: I understand this is a legal document and that I am signing this agreement freely and voluntarily. I understand I have the choice *not to participate* as a boarder or spectator at Graham, or as a rider, handler, participant, or spectator in the clinic, training, or special event provided by or at the facilities of Graham, and, therefore, not sign this agreement.

I have read this 2-page Participation Agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue Graham or GFSP, its clinicians, directors, managers, employees, volunteers, and agents for injuries or death resulting from the inherent risks of equine activities or the active or passive negligence of Graham or GFSP. I further acknowledge that I intend my signature to be a complete and unconditional release of all liability, including that due to ordinary negligence by Graham or GFSP, to the greatest extent allowed by the laws of Maryland.

_____	_____
Date	Signature (must be at least 18yrs of age to sign) *
_____	_____
If participant is a minor, print name here	Printed Name of Signatory
_____	_____
Date of Birth of Minor Participant	Address
_____	_____
Name of Emergency Contact Person	City, State, Zip Code
_____	_____
Telephone of Emergency Contact Person	Telephone

* If participant is a minor (less than 18 years of age), the parental or guardian signature indicates full understanding of the above terms and, as may be permitted by law, is waiving both the rights of the minor participant and the rights of the parent/guardian pursuant to this Agreement.

OFFICE USE:
 Received by: _____ Agent (Print Name)
 Graham Equestrian Center, 10301 Harford Road, Glen Arm, Maryland. 21067 ~ 410-663-4445
 GEC Boarder Clinic Participant Spectator / Auditor Other _____
 _____ Name of Clinic, Seminar, or Program



Graham Equestrian Center, Inc.
LESSON PROGRAM POLICY and AGREEMENT

Welcome to the Graham Equestrian Center!

All students are required to complete an *Enrollment Form*, *Participant Agreement*, and *Rider Information Form* (for riding lessons). Our lesson fees can be found on the current *Price & Fee Schedule*.

Graham offers:

- Riding and Lesson Programs for beginners and advance riders (as weather permits) – private and group lessons.
- Horsemanship Clinics on topics of riding, natural horsemanship training techniques, foundational skills, and interaction with horses.
- Trail maintenance education and nature trail ride program.
- Classroom instruction, in conjunction with hands-on instruction and training.

Please read carefully, and if you agree to our policy, sign and date below.

1. All lessons begin with an orientation of the facility and a review of our *Rules & Regulations*.
2. Part of your riding lesson experience will be to help familiarize you with various types of tack and equipment.
3. Students need to be mature enough to understand and follow directions.
4. Riding lessons are scheduled directly with the instructors.
5. Some class time may not involve mounting and riding a horse, but will be instructional and educational.
6. No student will be asked to perform a task that makes the student uncomfortable or afraid.
7. Payment for the lesson is due at the beginning of the lesson.
8. There is a \$25.00 charge for bank-returned checks.
9. We require a 24-hour cancellation notice or the lesson money for that class will be forfeited.
10. Riding lesson makeups will be scheduled with your instructor.
11. Riding attire for lessons is long pants or chaps, boots or hard sole shoes with a heel, and an approved ASTM/SEI riding helmet. We encourage you to purchase your own helmet as there are limited helmets for student use.
12. Riding lessons begin and end on time. Please be on time! Tardiness results in shorter lessons and interrupts the group.
13. We reserve the right to dismiss or refuse to provide lessons to anyone if we determine that the student is uncooperative or incapable of safely meeting the requirements of the program, or may be mismatched or unsuited to our program. All attempts to refer student to a more appropriate environment will be made, but cannot be guaranteed.

Date: _____

Student Signature: _____

If minor,
Parent Signature: _____