

Anne Benson Stable

at Stonegate Farm
805 Middle Rd. Portsmouth, RI
(781) 635-6574

LESSON STUDENT APPLICATION

This document covers the providing of riding and/ or driving instruction by an authorized Instructor with Anne Benson Stable at Stonegate Farm to the Student named below, and participation in Lesson Program activities as deemed appropriate by the Instructor. Signature heron Anne Benson Stable at Stonegate Farm agrees to provide the Instructor, horse and facilities to deliver the instruction or manage the activities according to this application.

PLEASE READ THIS DOCUMENT CAREFULLY AND DO NOT SIGN IT UNLESS YOU FULLY UNDERSTAND IT.

Students Name: _____ Date of Birth: _____
Address Street: _____ City: _____ State: _____ Zip: _____
Telephone Home: _____ Work: _____ E-mail: _____

Students under Eighteen (18) years of age:

Parent/Guardian: _____
Address Street: _____ City: _____ State: _____ Zip: _____
Telephone Home: _____ Work: _____ E-mail: _____

Background:

Prior riding driving experience: Years: _____ to _____ Number of Lessons: _____
Locations: _____
How did you hear of Anne Benson Stable at Stonegate Farm: _____

RELEASE

I, the Student, (or parent/guardian) recognize the inherent risks of injury involved in horseback riding/driving generally, and in learning to ride/drive in particular. While taking lessons with Anne Benson Stable at Stonegate Farm or participating in Lesson Program activities, I assume any and all such risk of injury and further, I voluntarily release Anne Benson Stable and or Stonegate Farm, its owners, instructors, employees and agents from any and all responsibility on account of any injury I (or my child / ward) may sustain while on the premises of Stonegate Farm or participating in Lesson Program activities. I agree to indemnify and hold harmless Anne Benson Stable and or Stonegate Farm, its owners, instructors, employees, and agents on account of any such claim.

Signed: _____ Date: _____
Student, (Parent/Guardian)

ATTENTION! WARNING! Under Rhode Island Law, an equine professional, unless he or she can be shown to have failed to be in the exercise of due care, 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 this chapter.

MEDICAL AUTHORIZATION

In the event that the above named Student requires medical treatment while on the premises of Stonegate Farm or participating in Lesson Program activities, the instructors, owners, employees or agents of Anne Benson Stable and or Stonegate Farm are hereby given full authority to engage any necessary emergency medical services for the above named Student including the administration of anesthesia, in the event the Student is not able to act for himself/herself (or in the absence of a Parent/Guardian).

I, (the above named student) am allergic to the following medications (if none, so state): _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____

I/We have read this Student Application carefully and fully understand the contents of this document. Furthermore, I/we agree to the contents of this document.

Student: _____ Date: _____
Parent/Guardian: _____ Date: _____
Instructor: _____ Date: _____