

HORSEMANSHIP CAMP
Monday-Thursday 9:30am-11:30am Session I
Monday-Thursday 1:00pm-3:00pm Session II

Open to Any Interested Individual Ages 8 and older

REGISTRATION FORM

Name of Student: _____

Age: _____ .

Enroll early to ensure yourself a place!

Limited space.

Seminar content is the same for all sessions.

July 26 thru 29, 2010 Session I II (circle one)

August 2-5, 9-12 (circle one) Session I II (circle one)

How much experience do you have with horses?

___ None ___ Only around a few times ___ Have taken lessons for ___ months.

If minor, name of parent(s): _____

If minor, person who will be picking up and dropping off student:

Phone numbers: Address:

Home: _____

Cell: _____

Work: _____ Email Address:

Emergency Contact: _____

Horsemanship Seminar is \$350 per session.

Please make checks payable to:

Whispering Hooves, LLC
Katherine Barbarite
95 Hunter Avenue
Miller Place, NY 11764

AGREEMENT & RELEASE OF LIABILITY CONTRACT

PLEASE PRINT!

Today's Date

Name of Rider

Parent or Guardian (If Minor)

Address City State Zip

Home Phone Work Phone

Cell Phone Email Address

BARN RULES:

- * No dogs allowed during shows or lessons.
- *Helmet and boots with a heel required at all times when riding.
- *No alcoholic beverages allowed on premises.
- *No Smoking on Premises

PLEASE READ CAREFULLY BEFORE SIGNING
SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY. THIS STABLE
DOES NOT GUARANTEE YOUR SAFETY.

A. **REGISTRATION OF RIDERS AND AGREEMENT PURPOSE**- in consideration of the payment of a fee and the signing of this agreement, I, the following listed individual, and the parent or legal guardians thereof if a minor, do hereby agree to Katherine Barbarite from Whispering Hooves, LLC® a horse, tack and equipment, personnel and trail for the purpose of horseback riding today, lessons, ground and saddle instructional training and on all future dates:

RIDERS NAME	AGE (If under 19)	WEIGHT (Over 240#)	HORSE RIDING EXPERIENCE (Check on which applies)
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> BEGINNER (UNDER 10 HRS) <input type="checkbox"/> OVER 10 HRS <input type="checkbox"/> OVER 40 HRS

Does this rider have physical and/or mental health conditions, problems, and/or disabilities which may affect his/her safety and ability to ride a horse?
YES NO (Circle One) If "yes" describe here:

WRITE INITIALS BELOW AFTER READING EACH SECTION. PARENTS OR GUARDIANS MUST ALSO INITIAL IF RIDER IS UNDER THE AGE OF 18

B. ____/____ **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS** -This agreement shall be legally binding upon me the registered rider, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state in which **Whispering Hooves, LLC®** physical location. Any dispute by the rider shall be litigated in and venue shall be the county in which **Whispering Hooves, LLC®** is physically located. If any clause, phrase or word is in conflict with state law, then that single part is null and void. The term 'HORSE' herein shall refer to all equine species. The term '**HORSEBACK RIDING**' herein shall refer to riding or otherwise handling of horses, ponies, mules, or donkeys, whether from the ground or mounted. The term '**RIDER**' shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms '**I**', '**ME**' '**MY**' shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor.

C. ____/____ **ACTIVITY RISK CLASSIFICATION**- I UNDERSTAND THAT: Horseback riding is classified as **RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY**, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities. I/WE further understand that applicant may be participating in a "WILDERNESS EXPERIENCE" and that the meaning of this term is defined as follows: THE PURSUIT OF ADVENTURE TYPE ACTIVITY IN A WILD, RUGGED, AND UNCULTIVATED AREA OR REGION, AS OF FOREST and/or HILLS and/or MOUNTAINS and/or PLAINS and/or WETLANDS, WHICH WOULD LIKELY BE UNINHABITED BY PEOPLE AND INHABITED BY WILD ANIMALS OF MANY TYPES AND SPECIES TO INCLUDE,

BUT NOT LIMITED TO, MAMMALS, REPTILES, AND INSECTS, WHICH ARE NOT TAME, MAY BE SAVAGE AND UNPREDICTABLE IN NATURE AND ALSO WANDERING AT THEIR WILL.

- D. ___/___ **NATURE OF STABLE HORSES**- I UNDERSTAND THAT: THIS STABLE chooses its rental horses for their calm dispositions and sound basic training as is required for use as riding horses for novice and beginning riders, and **Whispering Hooves, LLC®** follows a rigid safety program. Yet, no horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on another much larger, stronger prey animal with a mind of his own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Changing directions or speed at will; Shifting its weight; Bucking, Rearing, Kicking, Biting, or Running from danger.
- E. ___/___ **RIDER RESPONSIBILITY**- I UNDERSTAND THAT: Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider's safety largely depends upon his/her ability to carry out simple instructions; and his/her ability to remain balanced aboard the moving animal. I agree that the rider shall be responsible for his/her own safety, and that of an unborn child if the rider is pregnant. **Whispering Hooves, LLC®** advises pregnant women not to ride horses, unless permission is given under advice of her physician.
- F. ___/___ **CONDITIONS OF NATURE**- I UNDERSTAND THAT: THIS STABLE is **NOT** responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. **SOME EXAMPLES ARE:** Thunder, lightning, rain, wind, water, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular looting on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.
- G. ___/___ **CARRY-ON OBJECTS AND SHARP NOISES**- I UNDERSTAND THAT: Riders must not carry loose items on rides which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. **SOME EXAMPLES ARE:** Cameras, hats not securely fastened under chin, toys, purses. Riders must not make sharp, loud noises, such as screaming or yelling, which may scare a horse.
- H. ___/___ **SADDLE GIRTHS-NATURAL LOOSENING**- I UNDERSTAND THAT: Saddle girths (saddle fasteners around horse's belly) may loosen during a ride. If a rider notices this he/she must alert the nearest guide or wrangler as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.
- I. ___/___ **ACCIDENT/MEDICAL INSURANCE**- I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for ALL such incurred expenses. My accident/medical insurance company is _____ and my policy number is _____.
- J. ___/___ **PROTECTIVE HEADGEAR OFFERING**- I, for myself and on behalf of my child and/or legal ward, have been offered protective headgear (riding helmet) by THIS STABLE and do understand that the wearing of such headgear while mounting, riding, dismounting and otherwise being around horses, may prevent or, reduce severity of some head injuries, and may even prevent death happening as the result of a fall or other occurrence. It is understood that STABLE-PROVIDED protective headgear may not be of perfect fit for each rider's head, and that once provided I/WE will be responsible for securing the helmet on this riders head at all times. Mark an 'X'- below in the box before the statement which describes your choice to wear, or not to wear, STABLE-PROVIDED protective headgear: State Law requires mandatory to wear a protective helmet from the ages of 14 and under.

[**PROTECTIVE HEADGEAR ACCEPTANCE:** I/WE REQUEST TO WEAR PROTECTIVE HEADGEAR MANDATORY FOR AGES 14 AND UNDER.

[] **PROTECTIVE HEADGEAR REFUSAL:** I/WE REFUSE TO WEAR ANY TYPE OF PROTECTIVE HEADGEAR AND/OR WILL PROVIDE MY/OUR OWN. I/WE ACCEPT FULL RESPONSIBILITY FOR MY/OUR SAFETY IN THIS DECISION.

K. ____/____ **LIABILITY RELEASE:** In consideration of Whispering Hooves, LLC® allowing my participation in this activity, under the terms set forth herein, I, the rider, and the parent or legal guardian thereof if a minor, do agree to hold harmless and release Whispering Hooves, LLC® its owners, agents, employees, officers, members, promises owners, insurers, and affiliated organizations from legal liability due to Whispering Hooves ordinary negligence; and I do further agree that except in the event of Whispering Hooves, LLC® gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against Whispering Hooves, LLC® and Katherine Barbarite and associates as stated above in this clause, for any economic and non economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of Whispering Hooves to include while riding, handling, training, instruction or otherwise being near horses owned by or in the care, custody and control of Whispering Hooves, LLC®.

NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risk of equine activities,

All Riders and Parents or Legal Guardians must sign below after reading this entire document. Each spouse must sign:

SIGNER STATEMENT OF AWARENESS

I/WE THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK.

I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT'S PHYSICAL CONDITION, EXPERIENCE, AND AGE ARE TRUE AND ACCURATE.

DATE _____

SIGNATURE OF RIDER (Spouses must sign for themselves)

_____ for _____
DATE _____

SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #1

NAME OF RIDER (Please Print)

(If Rider is under the age of 18)

Address in full: _____ Home

Phone # _____