



# Horsemanship Programs 2012 Annual Registration & Release Form

Fun & Safety while learning Horsemanship!

Date Received

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**PLEASE READ THIS DOCUMENT CAREFULLY; SIGN IT ONLY WHEN YOU FULLY UNDERSTAND IT!**

An annual registration fee and form is required when participating in any of the SWF horsemanship programs (Spring Willow Horsemanship, Eventful Riding or Providence Riding Academy). Fee is due at or before the first attended lesson and is valid from January first to December thirty first each year. Fees for students registering after 10/31 will apply to the following year but a new form must be filled out for each year.

**\$25.00 per student or \$40 per family (made payable to Spring Willow Farm)**

**Please specify participating program: Check box**

- Spring Willow Horsemanship/ Lorna Palmer (www.springwillowhorsefarm.com)
- Eventful Riding/ Adrianna Kerr (www.eventfulriding.com)
- Providence Riding Academy/ Julie Blackburn (www.providenceriding.webs.com)

Student Name: _____		D/O/B (if under 18ys.) ____/____/____	
Address: _____		Email: _____	
Town/City: _____		State : _____	Zip: _____
Phone # _____		Cell# _____	
Parent/Guardian info if different from above:			
Address: _____		Email: _____	
Town/City: _____		State : _____	Zip: _____
Phone # _____		Cell# _____	

**Incase of emergency if I can not be reached please contact:**

Name/relationship: _____	Phone # _____
Name/relationship: _____	Phone # _____

**Medical Authorization**

In the event that above named student requires medical treatment on account of any injury which occurs in connection with activities at Spring Willow Farm, the authorities at Spring Willow Farm are here by given authority to provide all such medical treatment for the above named student including the administration of anesthesia.

Student Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(signature of parent or guardian if under 18 yrs. of age)

**Release**

I recognize the inherent risk involved with equine related activities, riding, handling and learning to ride in particular. In participating in any of the horsemanship programs offered at Spring Willow Farm, I assume any risk or injury and further, I voluntarily release Spring Willow Farm's owners' (David and Lorna Palmer), it's instructors and agents from any responsibility on account of any injury I or my child or ward may sustain while receiving instruction or while involved with any activities in connection therewith and I furthermore agree to indemnify and hold harmless Spring Willow Farm, it's owners David and Lorna Palmer, also any of their instructors or agents on account of any such claim.

Student Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(signature of parent or guardian if under 18 yrs. of age)