

**Spring Valley Equestrian Center, Inc
56 Paulinskill Lake Road
Newton NJ 07860**

APPLICATION FOR RIDING INSTRUCTION (ADULT)

STUDENT'S NAME _____

BIRTH DATE _____ **AGE** _____ **WEIGHT** _____

ADDRESS _____ **CITY** _____ **STATE** ___ **ZIP** _____

PREVIOUS RIDING EXPERIENCE _____

ALLERGIES/MEDICAL PROBLEMS _____

NAME OF EMERGENCY CONTACT PERSON _____

ADDRESS _____ **CITY** _____ **STATE** ___ **ZIP** _____

HOME PHONE _____ **CELL PHONE** _____

WORK PHONE _____

RELEASE:

The undersigned acknowledges that in consideration of being permitted to participate in riding activities at Spring Valley Equestrian Center and are aware of the risk of injury from horse related activities he or she assumes the risk for responsibility for and do hereby release Spring Valley Equestrian Center from all liabilities, including negligence, by reasons of injury to themselves or their property during riding activities, including but not limited to, riding lessons, trail rides, exercise, jumping, caring for the horses before and after riding, fox hunting, showing, etc....

It is also agreed that the rider will wear safety equipment, i.e. hard hat and hard boots at all times when riding.

Signature _____ **Date** _____

WARNING UNDER NJ LAW, AN EQUESTRIAN OPERATION IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE/ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE/ANIMAL ACTIVITIES PURSUANT TO PL CHAPTER 287.