

Rider Renewal Form
Hooves of Hope Equestrian Center Inc.
735 Chenault Bridge Road, Lancaster, KY 40444
(859)792-8938



Name of Rider: _____ Date: _____
DOB: _____ Height: _____ Weight: _____
Address: _____
Parent/Guardian Name(s): _____
Email: _____ Phone Number: _____
Rider goals: _____
Major family/school changes: _____

Medical

Changes in Medical Information: _____

Has your rider had a seizure in the last year? YES NO
Any medication changes? _____

Liability Release

_____ (Participant's Name) would like to participate in an equine related activity at Hooves of Hope Equestrian Center Inc. I acknowledge the risks and potential for risks of riding lessons and horse related activities. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Hooves of Hope Equestrian Center, Inc. and its Employees, Instructors, Therapists, Aides, Volunteers, Equines, Equine Owners, Equipment and Operating Site for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating at Hooves of Hope Equestrian Center, Inc.

"WARNING: Under Kentucky law, a farm animal activity sponsor, farm animal professional or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities."

Signature: _____ Date: _____
(Signature of parent/guardian if participant is under 18)

Photo Release (Please sign 1st or 2nd option, not both)

I hereby consent to and authorize the use and reproduction by Hooves of Hope Equestrian Center, Inc. of any and all photographs and any other audiovisual material taken of me/my son/my daughter/my ward for promotional material, educational activities, exhibits, electronic publications (including the World Wide Web) or for any other use for the benefit of the program.

Photo Release Signature: _____ Date: _____
Parent/guardian if participant is under 18

Do Not Photograph Signature: _____ Date: _____
Parent/guardian if participant is under 18