

Baker School of Riding  
By Baker Farm and Equestrian Center, LLC0  
811 State Route 264 Phoenix, NY 13135  
(315) 657-6667

## Horseback Riding Release Form

I, \_\_\_\_\_, herein afterwards referred to as the Participant, as of \_\_\_\_\_ (Date) of \_\_\_\_\_ (month), \_\_\_\_\_ (year), acknowledge that horseback riding is a dangerous activity and involves numerous obvious and non-obvious inherent risks that may cause serious injury, and in some cases, death because of the unpredictable nature and irrational behavior of horses regardless of their training and past performance. The Participant acknowledges that a horse may, without warning or any apparent cause, buck, fall, lay down, stumble, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person; saddles or bridles may loosen or break - all of which may cause the rider to fall or be jolted, resulting in serious injury or death.

The Participant further understand that acts or elements of nature, including but not necessarily limited to thunder, lightning, rain, wind, other animals, insects, and irregular footing, rocks, stones, uneven terrain and clods of dirt on surfaces which are subject to constant change in condition, can scare a horse, cause it to fall, stumble or take a misstep, or react in some unpredictable or unsafe way and cause injury to the Participant.

The Participant certifies that he/she is fully capable of participating in this activity and acknowledge that the Participant voluntarily assumes the risk and danger of injury or death inherent in the use of the horses, equipment and gear provided to the participant for this activity.

In consideration of Baker School of Riding by Baker Farm and Equestrian Center, LLC providing for and permitting the above Participant to participate in this activity, the undersigned Participant agrees to hold harmless and release Baker School of Riding by Baker Farm and Equestrian Center, LLC, its partners, agents, employees, officers, volunteers, and affiliated organizations for any loss, legal liability, damages or costs whatsoever arising out of or related to any loss, damage or injury (including death) to the above Participant, including all medical expenses, in participating in this activity.

The Participant expressly agrees that the foregoing release and waiver of liability is governed by the State of New York and is intended to be as broad and inclusive as is permitted by New York State law, and that in the event any portion of this release is determined to be invalid, illegal, or unenforceable, the validity, legality and enforce ability of the balance of this release shall not be affected or impaired in any way and shall continue in full legal force and effect.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A PROMISE NOT TO SUE AND A RELEASE OF ALL CLAIMS. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO RECOVER DAMAGES AGAINST BAKER SCHOOL OF RIDING BY BAKER FARM AND EQUESTRIAN CENTER, LLC IN CASE OF INJURY OR DEATH OF THE BELOW PARTICIPANT.

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Name of Participant

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Signature of Participant:

Date:

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Signature of Parent or Guardian (if under 18 years of age)

Date:

# Baker School of Riding

By: Baker Farm and Equestrian Center, LLC

## Information

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you had any previous riding experience? Yes / No

If yes, please briefly describe your past riding experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you in the past or do you currently own or lease a horse? If yes, Please describe. If no, is this something you are interested in doing? \_\_\_\_\_

\_\_\_\_\_

## Emergency Contact Information

Please include at least one emergency contact. Any information provided is strictly confidential and will not be shared with anyone except relevant Baker School of Riding by Baker Farm and Equestrian Center, LLC staff or emergency personnel if circumstances prevent you from providing such information yourself.

Name of Participant: \_\_\_\_\_

Does this person have any know allergies or major medical information that emergency personnel or Baker School of Riding Staff need to be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

# Baker School of Riding Photograph and Media Release Form

by Baker Farm and Equestrian Center, LLC

I hereby grant Baker School of Riding by Baker Farm and Equestrian Center, LLC permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of Baker School of Riding by Baker Farm and Equestrian Center, LLC and will not be returned.

I hereby irrevocably authorize Baker School of Riding by Baker Farm and Equestrian Center, LLC to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge Baker School of Riding by Baker Farm and Equestrian Center, LLC from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:**

Print Name:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If under 18, a parent or legal guardian must sign below.**

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Baker School of Riding Lesson Cancellation Policy**  
**By Baker Farm and Equestrian Center, LLC**

Baker Farm and Equestrian Center, LLC  
811 State Route 264 Phoenix, NY 13135

New students in the first month of lessons are permitted to pay for lessons one at a time. Beginning the second month of lessons and following, all students are required to pay for the number of lessons they plan to take during the month at or before the time of the first lesson during the month.

Unused lessons do not roll over to the following month, and must be used in the month they were purchased in. (Exception: If the instructor cancels a lesson, we will honor a makeup lesson)

If you need to reschedule your lesson, we ask that you give notice the day before your scheduled lesson.

Lessons need to be paid for on time, either before or at the time of your lesson. Late payments will be assessed a \$10.00 fee.

Payment by cash, check, and PayPal are accepted. Returned checks will carry an additional \$25 fee in addition to the late fee.

**By Signing below, I confirm that I have read, understand and agree to the Baker School of Riding Lesson Policy.**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read the Baker School of Riding Manual and agree to follow the rules and guild lines stated within while I am a student, boarder, employee, volunteer, or spectator at Baker School of Riding.**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_