

Foster Farm

Riding Contract

Rider Name: _____ Rider Birth Date: _____ (If Rider is under 18)
Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ e-Mail: _____

Is the Rider on any medication? _____
Does the Rider have Diabetes? YES NO
Does the Rider have any medical or physical conditions that may limit the ability to ride or control a horse? _____

How did you hear of Foster Farm? _____
Is there someone we can thank for the referral? _____

Emergency Contact

Name: _____ Phone: _____

Please notice:

- Returned checks will be charged a nonrefundable \$40 service charge.
- Lessons are to be paid for in advance of mounting the horse.
- Foster Farm suggests all Riders wear protective headgear while riding. Bicycle helmets are acceptable for the first two lessons. A helmet may be available for use if requested.

I understand the known and unknown dangers in riding horses and do not and will not hold Foster Farm or its associates responsible for any accident that could happen to me, my child, my friends, my family, my associates, or my horse. I understand and agree that while horseback riding lessons are fully supervised, the nature of riding a horse contains risks out of anyone's control. I give permission to Foster Farm associates to give emergency medical treatment if needed. A copy of this form will be available to all responding medics, in case of an emergency.

Foster Farm Associate: _____ Date: _____

Rider or Parent: _____ Date: _____

(Parent/Guardian to sign here if Rider is under the age of 18)



Foster Farm

Natalie Payne
Trainer & Instructor
612-616-6687