

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 we need to know about? _____
Does the Rider have any medical or physical conditions that may limit their horseback riding ability? _____

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

Emergency Contact

Name: _____ Phone: _____
Name: _____ Phone: _____

I understand the known and unknown dangers in riding horses and do not hold Foster Farm or its associates responsible for any accident that could happen to me, my child, my friends, my family, or my associates. I have been informed, understand and agree that while horseback riding lessons are 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.

Please notice:

- Returned checks will be charged a nonrefundable \$40 service charge.
- Lessons are to be paid for in advance of mounting the horse.
- Lessons must be cancelled at least **24 hours** before scheduled time to avoid having to pay for that lesson.
- Foster Farm suggests all Riders wear protective head gear while riding. Bicycle helmets are acceptable for a Riders first three lessons only. A riding helmet may be available for use if requested.

Foster Farm Associate: _____ Date: _____

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



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Natalie Payne
Trainer & Instructor
612-616-6687