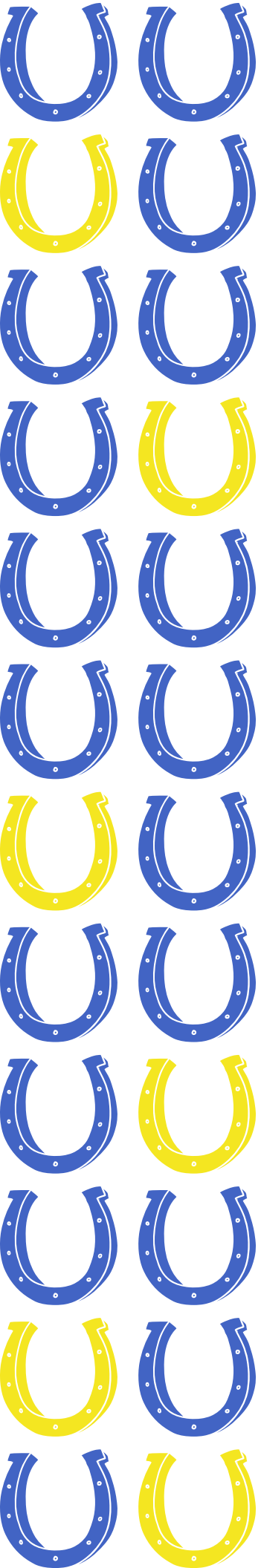


New Rider Packet



Hello!

Thank you for your interest in Stable Strides Farm. We look forward to meeting you soon! Enclosed in this packet you'll find the two forms we need in order to schedule your rider's first lesson!

The first document is the Medical History & Physician Statement form. Don't worry about the name of the show at the top. We use this form for our facility and this allows all participants to only complete it once!

The second is a Hold Harmless Agreement for Roberson Family Ranch where Stable Strides Farm calls home.

Once we receive your request, someone will be in touch to go over fee structure, lesson structure, and scheduling.

We can't wait to see you at the farm!



Houston Livestock Show and Rodeo™ Top Hands Horse Show Participant's Medical History & Physician's Statement

Participant: _____ DOB: _____ Height: _____ Weight: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Y N Date of Last Seizure: _____

Shunt Present: Y N Date of Last Revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: _____

For those with Downs Syndrome: Atlanto Dens Interval X-rays, date: _____ Result: + -

Neurological Symptoms of AtlantoAxial Instability: _____

Please indicate current or past special needs in the following systems/areas, including surgeries:

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

Physician Use Only:

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the NAHRA center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, SLP, Psychologist, etc.) in the implementation of an effective equine activity program.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: (_____) _____ License/UPIN Number: _____

ROBERSON FAMILY FARMS LLC

LOCATION OR ADDRESS: 10300 Foutch Road Pilot Point, TX 76258

RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

PLEASE READ THIS FORM CAREFULLY.

IT CONTAINS IMPORTANT LIABILITY RELEASES AND EMERGENCY MEDICAL AUTHORIZATION

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE REMEDIES CODE.) A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE REMEDIES CODE.) A LIVESTOCK SHOW SPONSOR IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN A LIVESTOCK SHOW RESULTING FROM THE INHERENT RISKS OF LIVESTOCK ACTIVITIES

Rider/Volunteer: _____ D.O.B. _____

Parent/Guardian: _____

Address: _____

City/Stage/Zip Code: _____

Cell Phone: _____ WorkPhone: _____

Email: _____

In the event emergency medical aid or treatment is required due to illness or injury while participating in the program functions or on Roberson Family Farms LLC property, I authorize Roberson Family Farms LLC, it's owners, employees, officers, directors or agents and Stable Strides Farm, and Christensen Show Horses, it's owners, employees, officers, directors or agents, and Amanda Cleveland, Chad Christensen and Shane Christensen and their perspective heirs, legal representatives, successors, and assigns (all together referred to here in as Roberson Family Farms to (i) secure and retain medical treatment and transportation if needed and (ii) release student records upon request to the authorized individual or agency involved in the medical emergency treatment. This provision will be invoked only if the person listed below cannot immediately be reached.

Emergency Contact: _____ Phone: _____
 Physician's Name: _____ Phone: _____
 Preferred Medical Facility: _____
 Health Insurance Co. _____ Policy No. _____
 Allergies: _____ Seizures: _____
 Medications: _____

Non-Consent Option: If parent/guardian does not consent to the above emergency procedures, and wishes alternate action taken, please state so here: _____

I hereby grant Roberson Family Farms the irrevocable and unrestricted right to use the publish photographs of me and/or my minor child(ren) at any time I/we are participating in Equine Activities at Roberson Family Farms for editorial trade, advertising, and any other purpose and in any manner and medium: and to alter the same without restrictions. I hereby release the photographer and their legal representatives and assigns from all claims and liability relating to said photographs.

CONSENT SIGNATURE: _____

Assumption of Risk. I hereby assume full responsibility for, and risk of, any death or bodily injury to myself or others and damage to or destruction of my property or the property of others, caused by my engaging in any equine activity either on the premises of Roberson Family Farms or elsewhere while working with a Roberson Family Farms professional.

Release, Waiver of Liability, and Discharge of Claims. I hereby release, waive, and discharge any and all claims that I may now or in the future have for damages against Roberson Family Farms arising directly or indirectly from my death, the death of any other person, bodily injury to me or others, or damage to my property or that of others, attributable to my engaging in equine activities, or my presence on Roberson Family Farms premises.

Indemnification. I agree to completely indemnify and hold harmless Roberson Family Farms from and against any and all claims, demands, causes of action, suits, actions, losses, liabilities, costs and/or expenses, including attorney's fees, which are occasioned by, or otherwise attributable to, matters for which I have assumed the risk and for which I am responsible in accordance with this Agreement and for any actions brought by my guests or invitees.

Conditions of Nature. I understand that Roberson Family Farms is **NOT** responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. Some examples are: thunder, lightning, rain, wind, sound, sudden movement, unfamiliar objects, humans, wild and/or domestic animals, insects and/or reptiles which may walk, run, or fly near, or bite or sting a horse or person, irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.

Conditions of Premises. In consideration of being permitted to enter for any purposes any restricted area (herein defined as including, but not limited to, arenas, stables, walkways, pens, corrals, fields, training areas, equipment rooms, horse bathing stall, office, classrooms, and any other areas appurtenant to any area where any activity relating to an equine activity shall take place), or being permitted to participate in any way in any equine activity relating to an equine activity, I acknowledge, agree, and represent thereafter inspect such restricted areas and all portions of restricted area or areas, and my participation. If any, in an equine activity constitutes and acknowledgment that I find and accept the area is being safe and reasonably suited for the purposes of its use, and I further agree and warrants that if, at any time, I am in or about restricted areas and I feel anything to be unsafe, I will immediately advise my instructor and will immediately leave the restricted area.

Equipment and Tack. I understand that in consideration of being permitted to use the equipment and/or tack of Roberson Family Farms, I acknowledge, agree, and represent that I have, or will immediately prior to using such equipment or tack, and will continuously thereafter inspect such equipment and tack, and do further warrant that my use of such equipment and tack constitutes and acknowledgment that I find and accept such equipment and tack as being safe and reasonably suited for the purposes of its use, and I further agree and warrant that if, at any time, I feel any equipment and tack are unsafe, I will immediately advise my instructor and will immediately cease using such equipment and tack.

Protective Headgear. I understand that Roberson Family Farms requires me to wear AHSA approved headgear with a chin strap while jumping and requires me to wear a safety helmet while riding. I understand and acknowledge that the risk of head injuries and death are significantly reduced by wearing appropriate headgear. I hereby release, waive, and discharge Roberson Family Farms from and against any and all claims that I may not or in the future have for damages resulting from my failure to wear headgear while riding either on Roberson Family Farms premises or at an offsite facility.

Jurisdiction and Venue. This Agreement is made and is to be construed under the laws of the State of Texas. Venue for any matter of dispute with respect to this Agreement shall be in a court of competent jurisdiction in Denton County, Texas.

Severability. If any court determines that any provision of the Agreement is invalid or unenforceable, any invalidity or unenforceability will affect only that provision and will not make any other provision of this Agreement invalid or unenforceable. Instead, the court shall modify, amend or limit the provision to the extent necessary to render it valid and enforceable.

Binding. This Agreement shall be binding upon and inure to the benefit of the parties hereto, their respective heirs, personal representatives, guardians, successors, and assigns.

Executed this _____ day of _____, 20____.

Participant:

Signature

Printed Name

MINOR:

The undersigned declares that the undersigned is the parent of legal guardian of the minor named below. The undersigned has read the forgoing, RELEASE, WAIVER OR LIABILITY, AND INDEMNITY AGREEMENT and in consideration of Roberson Family Farms allowing the below named minor onto its premises and/or allowing such minor to participate in equine activities, hereby agrees that all of the terms and conditions contained herein shall apply to such minor and shall be binding upon the undersigned and the minor.

If under 18, signature of both parents (if applicable) or guardian is required.

Printed Participant Name

Parent/Guardian's Signature

Printed Parent/Guardian's Name

Parent/Guardian's Signature

Printed Parent/Guardian's Name

