

Pony Palooza, LLC. Rider Information

Rider Name: _____ Age: _____ D.O.B: _____

Email Address: _____

Address: _____

Parent/Guardian 1: _____

Phone Number: _____ Relationship: _____

Parent/Guardian 2: _____

Phone Number: _____ Relationship: _____

Student Cell Phone: _____

Allergies: _____

Existing Medical Conditions: _____

How did you hear about us? _____

Emergency Contact:

Name: _____ Relationship to Rider: _____

Phone Number: _____

I understand and acknowledge that all lessons must be cancelled/rescheduled 24 hours prior to the scheduled lesson time, or I will be charged the full price of the scheduled lesson.

Date: _____ Parent/Guardian Name: _____ Signature: _____

Please circle which lesson scheduling communications you prefer:

Text Alerts:

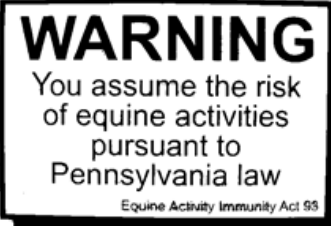
Email Alerts

Both

Informed Acknowledgement of Risk Form for Equine Activities with Pony Palooza, LLC.

As a condition to my accepting to participate I hereby acknowledge that I participate at my own risk and that I am aware that activities involving horses can be hazardous and that Pony Palooza, LLC. and the instructors accept no responsibility or liability for any injury or loss that I might sustain as a direct or indirect consequence of participation in any activity at the outing.

I declare that I am in sound condition and undertake participation with the knowledge of the physical demands required. I consent to receiving any medical treatment, that camp staff thinks desirable during or after participation. I acknowledge that the safety precautions undertaken by Pony Palooza, LLC. and staff are a service to me and other participants, but are not a guarantee of safety. I understand that horses are unpredictable by nature, that when frightened their instincts are to jump forward or sideways, to run away from danger, to kick, to rear up or to bite. I also understand that helmets must be worn by minors at all times while on horseback, in accordance to the Pennsylvania Equine laws. Helmets are strongly recommended and encouraged for those over the age of 18 years old.



I understand and acknowledge that all lessons must be cancelled/rescheduled 24 hours prior to the scheduled lesson time, or I will be charged the full price of the scheduled lesson.

Signature of Rider or Parent or Guardian (if under 18): _____ Date: _____

Rider Duties: I agree to follow my instructor’s instructions at all times. I agree that as a condition of riding I must wear an equestrian approved helmet (PA equine law), suitable footwear, and long pants. I agree that I will be responsible for any injuries to horses, damages to the premises, property owned by others, injuries to any riders or pedestrians, which I may cause by negligent, reckless or irresponsible conduct. All minors must have a parent or guardian sign this acknowledgement and indemnity for them. By signing below, I hereby agree to comply with all of the terms and conditions stated above. I also understand Pony Palooza, LLC’s cancellation policy such that all cancellations or no-shows within 24 hours of scheduled lesson time will be charged the full price of the lesson. Any cancellation charges must be paid PRIOR to the rider’s next lesson. Additionally, I understand that Pony Palooza, LLC. has my permission to use my or my child’s photograph publicly to promote Pony Palooza, LLC. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Pony Palooza, LLC. is in compliance with Pennsylvania Equine Liability Immunity Act, P.L. 472, No. 93 Ch 42, which states that liability for negligence shall be barred where the doctrine of knowing voluntary assumption of risk is proven with respect to damages due to injuries or death to an adult participant resulting from equine activities

Privacy Statement – Privacy Act 1998

By completing this form, you are supplying Pony Palooza, LLC. with personal information about yourself. This information is needed to ensure your safety during your time with us. The information you provide will not be supplied to any other organization or used for any other purpose that which is stated above.

I HAVE CAREFULLY READ THIS ACKNOWLEDGEMENT AND INDEMNITY. I UNDERSTAND IT, AND VOLUNTARILY AGREE TO ALL OF ITS TERMS. I UNDERSTAND THAT THESE TERMS APPLY TO ME EVERY TIME I PARTICIPATE AT Pony Palooza, LLC.

***Print name of Rider: _____ *D.O.B: _____**

***Print name of Parent/Guardian (if under 18): _____**

***Signature of Rider or Parent/Guardian _____ *Date: _____**