



## Equine Adventures Participant Enrollment Packet

Date of Equestrian Adventures Week: \_\_\_\_\_

Rider Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

How did you hear about our summer program: \_\_\_\_\_

Parents or Guardians: \_\_\_\_\_

Address/Phone (if different from above): \_\_\_\_\_

### Summer Equestrian Adventures Payment Guidelines:

- Payment must be received before registered week of Equestrian Adventures.
- Current riders with a remaining balance are not eligible to register for Summer Equestrian Adventures unless the balance is paid in full.
- **NO REFUNDS WILL BE GIVEN AFTER ADVENTURES WEEK BEGINS.**

### Summer Equestrian Adventures Riding Guidelines:

- Riding Lesson content includes: safety, grooming, ground handling, tacking, correct body position, harmony with the horse and confidence building. Riders may not routinely mount from the ground; they use a mounting ramp.
- For safety reasons we do not allow observers in the arena or stable area during classes, but let us know if you would like to take photos of your favorite rider in a lesson.
- Every rider in every class must wear properly fitting ASTM/SEI approved helmets. Riders must wear long pants that reach the ankle when riding and they must wear sturdy closed toe/heel shoes.
- Each rider must have an updated Rider Contract and Release form on file in the office.
- "Horse Play" will not be tolerated in the stable or arena area.
- Parents need to limit the time they talk to the instructor during regular class time. Feel free to call and schedule a time to talk if you have a question or concern.
- Riders need to put their equipment away after grooming and riding.
- Positively no alcoholic beverages allowed on the property.
- Smoking is allowed only in the parking lot by your car. No smoking close to the barn.

I agree to abide by the above written guidelines. I understand that if payment in full is not received on or before the first day of Equestrian Adventures, my rider will not participate in class and will forfeit participation in said week.

I understand and agree that these Rider Registration and Release Forms are valid for one (1) year. It is my responsibility to provide Star with any changes or updates during this period. Star will provide these forms on an annual basis.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Rider (if over 18 years of age) or  
Parent/Guardian



The rate for Star Summer Equestrian Adventures is \$250.00 per rider per week. Riders must be between 6 and 14 years of age to attend.

Hours are Monday – Friday from 9:00 a.m. until 3:00 p.m. No child care before or after.

**LIABILITY RELEASE:**

I understand and acknowledge that equine activities involve risk of serious injury, including permanent disability and death. However, I feel that the benefits to me are greater than the risks assumed. I hereby certify that I know of no medical problems that would increase my risk of illness or injury as a result of participation in any activity associated with Star Equestrian Center.

In consideration of my participation in the Star Equestrian Center Horses for Heroes program and/or use of the facilities provided by Star Equestrian Center, Star Community Inc., I expressly agree and contract, on behalf of myself, my heirs, executors, administrators, successors and assigns, that Star and its insurers, employees, officers, directors, and associates, shall not be liable for damages arising from personal injuries (including death) sustained by me, in, on, or about the premises as a result of the use of the facilities. By the execution of this agreement, I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to me and I hereby fully and forever release and discharge Star Equestrian Center, its insurers, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the participation in and /or use of said programs and facilities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Guardian if 18 and under)

**Printed Name:** \_\_\_\_\_

***PHOTO/MEDIA RELEASE***

I hereby consent to and authorize the use and reproduction by Star Community, Inc./Star Summer Equestrian Adventures of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Guardian)



## Emergency Medical Treatment Form

In the event emergency medical aid and/or treatment is/are required due to illness or injury, I authorize Star Community, Inc. to:

1. Secure and retain medical treatment and transportation if needed; and,
2. Release relevant client records to the authorized individual or agency involved in the medical emergency treatment.

Participant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Consent Plan

This authorization includes, but is not limited to, X-rays, surgery, hospitalization, medication and/or any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) listed above is/are unable to be reached.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
Parent or Guardian

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury. I expressly agree to indemnify and hold Star Equestrian Center harmless against any and all claims, demands, damages, rights of action, or causes of action that may arise from injuries sustained as a result participating in Star Equestrian Center activities. In the event emergency treatment/aid is required, I request the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
( Parent or Guardian)

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_



## Medical Data Sheet

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ALLERGIES:

Medications: \_\_\_\_\_  
Environment: \_\_\_\_\_  
Foods: \_\_\_\_\_  
Animals/Insects: \_\_\_\_\_

### Seizure Activity:

Describe in detail type of seizure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavior Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ambulation Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seeing/Hearing Impairment Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Communication Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_