

STUDENT APPLICATION

Name: _____ Date of Birth _____

Address: _____ Town: _____ Zip: _____

Telephone: _____ Work: _____

Email address: _____

In Case of Emergency Please Notify: _____ Tel: _____

How you Heard of FCRA: _____

Do you request a specific Instructor? _____ Which one: _____

Please give a brief explanation of your riding history, include past instructors, competitions etc.:

Please list some of your goals for your riding:

Please list insurance information in case of an emergency:

The undersigned assumes the unavoidable risk inherent in all horse related activities, including but not limited to bodily injury and physical harm to horse, rider, and or spectator.

In consideration, therefore, for the privilege of riding and or working around horses at First Choice Riding Academy, located on Wescott Rd, in Enfield, NH the undersigned does hereby agree to hold harmless and indemnify First Choice Riding Academy, its Employees, and trainers (including but not limited to Heidi Hauri-Gill) and further release them from any liability or responsibility for accident, damage, or illness to the undersigned, to any horse owned by the Undersigned and/or to any family member or spectator accompanying the Undersigned.

The Undersigned authorizes in the event of an emergency, degree of which to be decided by First Choice Riding Academy, that emergency help may be notified at the expense of the Undersigned. This help may be as important as the ambulance. This privilege will not be abused and used only when absolutely necessary as deemed by the official representative of First Choice Riding Academy.

Signature of student (or parent/guardian if under 18)

Date