



TALL CEDARS FARM RIDER PACKET

TALLCEDARSFARM.org
11353 Rocky Ridge Rd
Glen Allen, VA 23059

GENERAL INFO

RIDER NAME _____ AGE _____ DATE OF BIRTH ____ / ____ / ____

HEIGHT _____ WEIGHT _____ DATE OF MOST RECENT PHYSICAL EXAM ____ / ____ / ____

PARENT or LEGAL GUARDIAN _____

PHONE # (____) _____ - _____ CELL HOME WORK (____) _____ - _____ CELL HOME WORK

EMAIL ADDRESS _____

ALT EMERGENCY CONTACT _____ RELATIONSHIP _____

(____) _____ - _____ CELL HOME WORK (____) _____ - _____ CELL HOME WORK

ALT EMERGENCY CONTACT _____ RELATIONSHIP _____

(____) _____ - _____ CELL HOME WORK (____) _____ - _____ CELL HOME WORK

RIDER MEDICAL INFORMATION:

ANY SERIOUS INJURIES or OPERATIONS: _____

CURRENT MEDICATIONS: _____

KNOWN ALLERGIES: _____

OTHER PERTINENT MEDICAL INFORMATION: _____

Please read and sign below. Parent/Guardian signature is required only if the rider is a minor.

I am unaware of any physical conditions that could prevent the rider from riding.

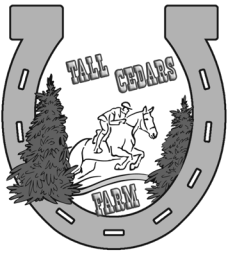
_____/_____/_____
Parent/Guardian name (please print) Signature Date

RIDING EXPERIENCE: NONE VERY LITTLE NOVICE INTERMEDIATE

STYLE OF RIDING _____

I have been instructed and I am aware of the dangers of not wearing an ASTM/SEI approved helmet when mounted and riding a horse. Therefore, I choose to wear ASTM/SEI helmets at all times.

_____/_____/_____
Parent/Guardian name (please print) Signature Date



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Emergency Medical Consent Form

If you were unable to be reached and your child needed emergency medical treatment, do you know what would happen? Medical providers are prohibited by law from providing most kinds of emergency treatment without prior written consent.

To ensure that your child always receives the necessary care, please complete this emergency medical consent form. Give an original to your child's caretaker and instruct them as to where to go in an emergency. Some hospitals supply these forms and will keep them on file. Check with your hospital.

In addition to this consent form, it is recommended you list personal, medical, insurance information and emergency contacts. Keeping a consent form with your child will ensure that they will receive emergency medical care whether you can be reached or not. To avoid such a situation, always leave instructions on where you will be and how you can be reached.

TO EMERGENCY MEDICAL PROVIDERS

This is to authorize emergency treatment for _____ SSN _____

DOB ____ / ____ / _____ HEIGHT _____ WEIGHT _____

ALLERGIES _____

PERTINENT MEDICAL INFORMATION _____

INSURANCE PROVIDER _____ GROUP # _____

INSURANCE PHONE # _____ SUBSCRIBER EMPLOYER _____

SUBSCRIBERS NAME _____ RELATIONSHIP _____

HOME ADDRESS: _____
STREET (and unit) CITY STATE ZIP CODE

EMERGENCY CONTACT _____ RELATIONSHIP _____

(____) _____ - _____ CELL HOME WORK (____) _____ - _____ CELL HOME WORK

EMERGENCY CONTACT _____ RELATIONSHIP _____

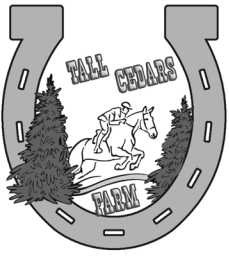
(____) _____ - _____ CELL HOME WORK (____) _____ - _____ CELL HOME WORK

_____/_____/_____
Parent/Guardian name (please print) Signature Date

_____/_____/_____
Parent/Guardian name (please print) Signature Date

Witness name (please print) Signature Telephone Number

Witness name (please print) Signature Telephone Number



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EQUINE ACTIVITY LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISK

I, the undersigned participant, hereby agree to the provisions of this Equine Activity Liability Release, Waiver of Right to Sue and Assumption of All Risk Agreement ("this Agreement") with GALLOPING ACRES, LLC (the "Equine Professional") and TALL CEDARS FARM, INC. (the "Owner"), on behalf of myself and each and every minor participant for whom I am signing this Agreement (as named below), as follows:

1. I/we agree to follow all instructions given or rules established by the Equine Professional or any of the Equine Professional's employees or other agents concerning my/our use of any horse or of any equipment or gear provided by the Equine Professional. It is highly recommended for safety reasons that a riding helmet be worn while engaged in equine activities.

Please indicate whether or not you desire to wear a riding helmet: **YES** _____ **NO** _____ **INITIALS** _____. I hereby accept full responsibility for all injuries that might occur as a result of failure to wear a riding helmet.

2. I/we have full and complete notice and understanding of the many risks inherent in equine activities which may cause, contribute to or result in **SERIOUS INJURY OR EVEN DEATH** or damage to property (the "Risks"), regardless of previous training and past performance of the horse including but not limited to the following:

(a) Horses have a propensity to behave in dangerous ways; (b) It is not expected that anyone will be able to predict or foresee a horse's reaction to excitement, weather conditions, sound, movements, objects, persons, animals, reptiles, birds or insects, nor the effects of any such reactions; (c) Surface and subsurface conditions pose many potential hazards, both obvious and hidden; (d) There is always a risk that tack or harness may slip or break or that the horse or the participant may become entangled in tack, harness or vehicles used in an equine activity; and (e) There is a risk of the participant falling from or otherwise becoming unstable on a horse or a vehicle used in an equine activity or for the horse to trip and/or fall down without warning.

3. I/we have full and complete notice and understanding that this Agreement and all equine activities provided by the Equine Professional are governed by the Virginia Equine Activity Liability Act (Code of Virginia §3.1-796.130, §3.1-796.132, §3.1-796.133 et seq., Please see exhibit A), as it may now provide or be hereafter amended ("the Act"), which Act is hereby incorporated in this Agreement by reference; that all terms defined by the Act shall have the same meaning herein; and that this Agreement shall be so construed as to provide to the Equine Professional the fullest protection of a release, waiver of right to sue and assumption of all risk which is afforded by the Act.

4. I/we hereby **RELEASE** and **WAIVE** all rights which I/we may have or may hereafter have against the Equine Professional and/or the Owner for death, personal injury or property damage which is in any way associated with the Risks or otherwise covered under the Act; I/we hereby **WAIVE** any right to sue or to bring any action against the Equine Professional and/or the Owner in connection therewith including any negligent act or omission by either of them or by any employee or agent of either of them; I/we hereby agree to **INDEMNIFY** and **HOLD HARMLESS** the Equine Professional and/or the Owner from and against any such suit or action and agree to pay any attorney fees which may arise if any such suit or action is filed; and I/we hereby expressly **ASSUME ALL RISKS AN)) DANGERS** of death, personal injury and property damage which are in any way associated with the Risks or otherwise covered under the Act.

5. I/we hereby authorize and consent to any emergency medical care which may be administered as a result of injury or sickness caused by or incurred in the course of any equine activity.

6. To the extent possible, this Agreement shall be construed in such manner as will render each provision fully enforceable; but if any provision of this Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Agreement shall continue in full force and effect.

Initials _____

7. If this Agreement is executed for and on behalf of a minor participant named below, the undersigned participant hereby warrants and represents that he or she is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this Agreement is given on behalf of and is intended to be binding upon said minor participant, his heirs, personal representatives, successors and assigns. In any event, this Agreement shall be binding upon the heirs, personal representatives, successors and assigns of the participant.

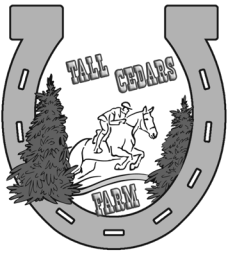
8. Each and every right and benefit of the Equine Professional and/or the Owner hereunder shall also accrue to the benefit of each officer, agent, employee, director, shareholder, member, partner, heir-at-law, personal representative, successor and assign of the Equine Professional and the Owner including without limitation every waiver, release, indemnification and agreement to hold harmless.

I HAVE FULLY READ AND FULLY UNDERSTAND THE FOREGOING EQUINE LIABILITY RELEASE, WAIVER OR RIGHT TO SUE AND ASSUMPTION OF ALL RISKS. I HAVE HAD AN OPPORTUNITY TO CONSULT WITH MY OWN ADVISORS ON ALL QUESTIONS IN CONNECTION THEREWITH, AND I HAVE NOT RELIED UPON THE EQUINE PROFESSIONAL OR THE OWNER FOR ANY ADVICE OR EXPLANATION IN CONNECTION THEREWITH. I ACKNOWLEDGE THAT I HAVE A COPY AND HAVE A FULL AND COMPLETE UNDERSTANDING OF THE VIRGINIA EQUINE LIABILITY ACT. I UNDERSTAND THAT, BY SIGNING THIS DOCUMENT, I MAY BE WAIVING AND RELEASING CERTAIN IMPORTANT RIGHTS WHICH I MIGHT HAVE IF I DID NOT SIGN THIS AGREEMENT. I AM SIGNING THIS DOCUMENT FREELY, VOLUNTARILY AND WITHOUT ANY COERCION.

Parent/Guardian name (please print)

Signature

_____/_____/_____
Date



**TALL CEDARS FARM
RIDER PACKET**

PHOTO RELEASE

TALLCEDARSFARM.org
11353 Rocky Ridge Rd
Glen Allen, VA 23059

Consent Release for Tall Cedars Farm, INC

Name: _____ (Student)

Signature: _____ (Parent/Guardian ~ if Student under 18)

Email Address _____

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I DO \_\_\_\_ consent to and authorize Tall Cedars Farm, INC to take or have taken still and/or moving photographs, films and/or television pictures, and consent and authorize Tall Cedars Farm, INC and/or its advertising agencies, news media and any other persons associated with the Tall Cedars Farm, INC, to use and reproduce the photographs, films, and/or pictures and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, newspapers, social media (Facebook for Tall Cedars Farm), brochures, pamphlets, instructional materials, books, and/or clinical materials. With respect to the foregoing matters, no inducements or promises have been made to me to secure my signature to this release other than the intention of Tall Cedars Farm, INC to use or cause to be used such photographs, films, and pictures for the primary purpose of promoting and aiding Tall Cedars Farm, INC and its business.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ (Student)

Signature: \_\_\_\_\_ (Parent/Guardian ~ if Student is under 18)

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I DO NOT ____, for reasons I am not obligated to disclose, give consent for photographs, either still or moving, social media (Tall Cedars Farm, INC Facebook) or any television or news media, to be taken of myself by Tall Cedars Farm, INC or any persons working on behalf of said Tall Cedars Farm, INC. I understand a Red Dot will be placed on the sign-in sheet to reflect photographs, etc., are NOT allowed.

Date: _____

Signature: _____ (Student)

Signature: _____

(Parent/Guardian ~ if student is under 18)



**TALL CEDARS FARM
RIDER PACKET
POOL WAIVER**

TALLCEDARSFARM.org
11353 Rocky Ridge Rd
Glen Allen, VA 23059

Summer Equestrian Clinic Tall Cedars Farm, INC and Galloping Acres LLC

Pool Rules:

1. No one is allowed to swim or be in pool area at anytime without permission from the Clinic Director.
2. Swimmers must be supervised at all times by the director, instructor, or counselors that are of fifteen years of age or older.
3. No diving allowed.
4. No running or horse-playing in the pool area.
5. Please remove band-aids before entering the pool.
6. Swimmers need to wear flip flops or sandals going to and from the pool area (no bare feet)
7. Please try to remain in the pool once you get in to help conserve on water unless you need to go to the bathroom, participating in afternoon ride, or participating in crafts.

My/Our child _____ has my/our permission to swim at Tall Cedars Farm pool

the week/weeks of _____.

I FULLY AGREE TO AND UNDERSTAND THE POOL USE, RELEASE LIABILITY, WAIVER OR RIGHT TO SUE AND ASSUMPTION OF ALL RISKS THAT MAY OCCUR, UP TO AND INCLUDING DEATH, IN THE USE OF THE POOL AND RELATED ACTIVITIES ON THE PROPERTY OF CARL RATH and/or THE LEGAL PROPERTY OWNERS

Parent/Guardian name (please print)

Signature

Telephone Number

Witness name (please print)

Signature

Telephone Number

I have read all waivers and forms (SIX [6] PAGES) and I understand the policies of Tall Cedars Farm and/or Galloping Acres, LLC.

Parent/Guardian name (please print)

Signature

____/____/_____
Date