



### **New Client Information for Lesson Scheduling**

Name of Student: \_\_\_\_\_

Name of Parent/Guardian(s): \_\_\_\_\_

Phone Numbers:

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

Which do you prefer us to call you at? \_\_\_\_\_

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

Email is used to send out lesson schedules. Let us know if you would prefer us to call.

# Release and Hold Harmless Agreement

Whereas, the **Undersigned** acknowledges the inherent risk involved in riding and working around horses, which risks include bodily injury from using, riding, or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling. Also please note:

## WARNING

**UNDER IOWA LAW, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGES SUFFERED BY, AN INJURY TO, OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF DOMESTICATED ANIMAL ACTIVITIES, PURSUANT TO IOWA CODE CHAPTER 673. YOU ARE ASSUMING INHERENT RISKS OF PARTICIPATING IN THIS DOMESTICATED ANIMAL ACTIVITY**

In consideration, therefore, for the privilege of riding and/or working around horses under the supervision of **CanterBrooke Equestrian Center and its employees**, the **Undersigned** does hereby agree to hold harmless **CanterBrooke Equestrian Center and its employees** and indemnify and further release them from any liability or responsibility for accident, damage, injury, or illness to the **Undersigned** or any horse owned or ridden by the **Undersigned** or to any family member or spectator accompanying the **Undersigned** while under supervision of **CanterBrooke Equestrian Center and its employees**.

\_\_\_\_\_  
Signature or Signature of legal guardian if under 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Rider

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email



## Medical Information and Treatment Release Form

In consideration of my/my child's participation in activities at CanterBrooke Equestrian Center, and the inherent risks of equine activities that may result in injury/harm requiring emergency medical treatment, I authorize CanterBrooke Equestrian Center, its successors or assigns, officials, officers, directors, employees, agents and/or volunteers to obtain and release to any CanterBrooke Equestrian Center personnel and to any first aid and safety personnel, medical professionals, and treating medical facility, any information regarding my/my child's medical history, symptoms, treatment, exam results and/or diagnostics.

I HAVE READ THIS ENTIRE RELEASE AND AGREE TO IT:

\_\_\_\_\_ Date \_\_\_\_\_  
Signature (parent/legal guardian if under 18 years)

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### Related Information

Name of Rider \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of parent or guardian if under 18 years\* \_\_\_\_\_

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

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

Home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

Contact in Case of Emergency: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relation to rider: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Allergies: \_\_\_\_\_

Other medical conditions: \_\_\_\_\_

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

Medical Insurance Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

\*If child requires treatment, the parent/guardian will be contacted immediately.