

# FAIRWINDS FARM RIDING LESSONS APPLICATION

Welcome to our riding lessons! Our goal is to provide a welcoming family atmosphere and to make your riding lesson a pleasant experience for both you and the horse!

We have 16 experienced horses and ponies, excellent instructors, a great facility, and dedicated students, some of whom have been with us for years. Enjoy your lessons, and if you have any comments, questions, concerns, or ideas, don't hesitate to let us know!

*To start the process, please e-mail [jdawson@fairwindsstables.com](mailto:jdawson@fairwindsstables.com) and give us your (or your child's) name, age, height, weight, and riding experience, if any. Also please note days and times which are NOT convenient for you. One of our instructors will return your e-mail with their available days and times and from there, schedule your weekly lesson slot. At times, we must place people on a waiting list, but we will contact you as soon as we can.*

**YOU MUST FILL OUT THIS APPLICATION AND SIGNED RELEASE FORM COMPLETELY** and give it to your instructor at your first lesson. At times, we must place people on a waiting list, but we will contact you as soon as we can.

We require 6 hours notice if you are unable to attend. Please text JoAnn on 302-540-1852, email [jdawson@fairwindsstables.com](mailto:jdawson@fairwindsstables.com) or notify your instructor. If a student does not call, no deductions, credits or make-ups will be offered. Cancellations due to weather or holidays are posted on [www.fairwindsstables.com/student-page](http://www.fairwindsstables.com/student-page)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PHONE (H): \_\_\_\_\_ PHONE (W): \_\_\_\_\_ PHONE(C): \_\_\_\_\_

E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

RIDING EXPERIENCE (CIRCLE ONE):

NONE    HAVE RIDDEN    HAVE TAKEN LESSONS    HAVE ATTENDED CAMP

PLEASE DESCRIBE YOUR RIDING EXPERIENCE IN MORE DETAIL:

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**DESCRIBE PHYSICAL AILMENTS/DISABILITIES THAT MAY AFFECT YOUR ABILITY TO PARTICIPATE IN HORSEBACK RIDING ACTIVITIES:**

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**LIST ANY CURRENT MEDICATIONS:**

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**FAMILY DOCTOR'S NAME AND PHONE:**

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**INSURANCE CO. AND POLICY NO:**

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\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed Name

**FAIRWINDS FARM & STABLES, INC.  
RELEASE, WAIVER AND INDEMNITY AGREEMENT**

I hereby acknowledge and understand that horseback riding and the handling of horses and ponies are dangerous activities which can result in injury or death. I, the undersigned, from this date on, hereby release, indemnify, and hold harmless Ted and JoAnn Dawson and/or Fairwinds Farm, and Fairwinds Farm & Stables, Inc. and their employees, from any and all claims, actions, suits, and/or damages that may occur as a result of any injuries sustained while taking horseback riding instruction, handling, or being near horses or ponies on or off the property of Fairwinds Farm. This shall include all losses, damages, costs, and counsel fees that may occur as a result of injury, and related claims by any parties. I understand that risks are involved in riding, handling, or being near horses and ponies, and by signing this agreement take full responsibility in the event of any injury. I have read this release, waiver and indemnity agreement, understand the risks involved and agree to assume them. I sign this agreement voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (if rider is under 18)

\_\_\_\_\_  
(Print child's name)

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Witness

Please print this form and bring to:

**Fairwinds Farm**  
41 Tailwinds Lane  
North East, MD 21901  
[Back to Lessons Page](#)