

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 concerns, questions, or ideas, don't hesitate to let us know!

Before we schedule your lesson, we **MUST RECEIVE THIS APPLICATION AND SIGNED RELEASE FORM** from you. Please fill this form out completely, noting the days that are INCONVENIENT for you, and return as soon as possible. Someone will call you when a spot becomes available. At times, we must place people on a waiting list, but we will contact you as soon as we can.

We require 6 hour notice if you are unable to attend. Please contact JoAnn at 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 promptly posted on the Student Page.

DATE: _____

NAME: _____

FULL ADDRESS: _____

ZIP CODE: _____

PHONE (H): _____ PHONE (W): _____ PHONE(C): _____

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:

CIRCLE INCONVENIENT DAYS:

SAT SUN MON TUES WED THU FRI

ARE YOU AVAILABLE FOR MORNING WEEKDAY LESSONS?

YES NO

WHAT IS THE EARLIEST YOUR CHILD COULD ARRIVE AFTER SCHOOL: _____

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

LIST ANY CURRENT MEDICATIONS:

FAMILY DOCTOR'S NAME AND PHONE:

INSURANCE CO. AND POLICY NO:

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 mail it to:

Fairwinds Farm
41 Tailwinds Lane
North East, MD 21901
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