

Essex Equestrian Center  
12-22 Woodland Ave.  
West Orange, NJ 07052 / 973-731-4182

**Rider Information (Please print)**

Today's Date: \_\_\_\_\_

Rider Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

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

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

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

Approx. Height: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_ Do you ride English or Western? E / W

Rider Ability (pls. initial each applicable level) Walk \_\_\_ Trot \_\_\_ Canter \_\_\_ Jump \_\_\_ Jump Height \_\_\_\_\_

**Emergency Contact Information**

Primary Contact Name: \_\_\_\_\_

Relationship to Rider: \_\_\_\_\_

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

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

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

Pager: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Relationship to Rider: \_\_\_\_\_

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

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

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

Pager: \_\_\_\_\_

**Medical Information**

Primary Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Any Special Diet: \_\_\_\_\_

General Information: \_\_\_\_\_

**For Office Use Only:**

Date Created: \_\_\_\_\_

Account Number Assigned: \_\_\_\_\_

**PLEASE COMPLETE  
REVERSE SIDE ...**

**General Waiver, Release & Indemnity Agreement**

*Since all activity involving horses can be dangerous, we require all visitors and riders to assume all risk by signing this release and waiver.*

For and in consideration of permitting (name of rider) \_\_\_\_\_ to enroll in and participate in horse related activities, **Essex Equestrian Center**, its principals, employees and its entirety, hereinafter designated as **EEC**, beginning on (Date) \_\_\_\_\_ the undersigned and his or her parent or legal guardian (1) hereby voluntarily release, waive, discharge and relinquishes any and all actions or causes of action for personal injury, property or wrongful death occurring to him or her or his or her child and his or her property as a result of engaging in horse related activities and the undersigned (2) and his or her parent or legal guardian does release waive, discharge or relinquish any action any action or cause or causes of action, aforesaid, which may hereafter arise for him or her or his or her estate and agree that under no circumstances will he or she or his or hers executors, administrators and assigns prosecute, present and claim of personal injury, property damage, wrongful death, injury or loss of animal against **EEC** or their agents, servants or employees for any said cause of action, whether the same shall arise by negligence of and said persons or otherwise.

It is the Intention of (1) \_\_\_\_\_ and (2) \_\_\_\_\_  
By this instrument, to exempt and relieve **EEC** from liability for personal injury, property damage, wrongful death or injury to or loss of animal caused by negligence.

The undersigned (1) and (2) for him/herself, his/her executors, administrators or assigns agrees that in the event of any action, lawsuit or claim for liability for personal injury, property damage, wrongful death or injury to or loss of animal shall be prosecuted against EEC, he or she shall indemnify and hold **EEC** harmless from any action, lawsuit or claims or cause or causes of action by whomever made against EEC.

The undersigned (1) and (2) acknowledges that he/she has read this document has been fully and completely advised of the potential dangers incidental to engaged in horse riding and horse related activities and its fully aware of the legal consequences of signing this release.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Participant      Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Parent or Legal Guardian