

Riding Lessons with Jennifer Sulin-Stair, Plot Twist Horse Farm, LLC

443-306-4338

Participation Agreement

All References to "Rider" also refer to parent or legal guardian

Name (please print) _____

As a condition to participating in this riding program, the rider agrees to the following:

- 1) The rider acknowledges that horseback riding has inherent risks, and although every safety precaution is taken, he/she may be subject to stresses and hazards which cannot be foreseen. The rider assumes all of the risks of the activity and agrees that Jennifer Sulin-Stair, Plot Twist Horse Farm, LLC and the Therapeutic and Recreational Riding Center, Inc (TRRC) and their representatives shall not be held responsible for any damages or injuries resulting to the rider.
- 2) The rider has been furnished with the "Code of Conduct" containing rules which all participants are expected to follow and obey. Rider acknowledges having read and signed the "Code of Conduct," recognizes its need, and agrees to comply with all of its requirements.
- 3) The rider acknowledges that no refunds will be given for missed classes. The rider is responsible for payment for lessons not cancelled prior to 24 hours.
- 4) The rider understands that Jennifer Sulin-Stair, Plot Twist Horse Farm, LLC, the Therapeutic and Recreational Riding Center, Inc (TRRC), and their representatives reserve the right to dismiss any person from further participation in the program, without refund, in the event that the program staff determine that the rider has violated the "code of Conduct". Supervision and transportation resulting from the dismissal of such rider are the responsibility of the rider.
- 5) Rider releases Jennifer Sulin-Stair, Plot Twist Horse Farm, the Therapeutic and Recreational Riding Center, Inc (TRRC), and their representatives from all liability for personal injury resulting from failure of the rider or other riders to obey safety regulations and directions of program staff, or resulting from the exercise of judgement by program staff in an emergency situation.
- 6) All medical costs incurred on behalf of the rider are the responsibility of the rider.
- 7) Rider understands that Jennifer Sulin-Stair, Plot Twist Horse Farm, LLC, the Therapeutic and Recreational Riding Center, Inc (TRRC), and their representatives are not responsible for loss or damage to the personal property of the rider.
- 8) Rider is liable for any damage to the property and/or facilities of Jennifer Sulin-Stair, Plot Twist Horse Farm, LLC, the Therapeutic and Recreational Riding Center, Inc (TRRC), and their representatives resulting from the acts of the rider, either solely or in concert with others.
- 9) Rider consents to the use of photographs taken during the program, whether for advertising, promotion, and/or publicity purposes by Jennifer Sulin-Stair, Plot Twist Horse Farm, and their representatives unless otherwise indicated in writing prior to the

program. The rider waives all claims of compensation for such use. Sign here if you do not want your photograph taken: _____

10) Rider authorizes the medical personnel selected by the program staff to order X-rays, tests, and treatment for the participant, and in the event the contact person(s) cannot be reached in an emergency, the rider authorizes the physician selected by the program staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the rider.

RIDER REPRESENTS THAT ALL OF THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT AND THAT JENNIFER SULIN-STAIR, PLOT TWIST HORSE FARM, THE THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC., AND THEIR REPRESENTATIVES HAVE THE RIGHT AND AUTHORITY TO RELY ON THE INFORMATION CONTAINED THEREIN. PARTICIPANT FURTHER RECOGNIZED THAT THE THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC, JENNIFER SULIN-STAIR AND THEIR REPRESENTATIVES RESERVE THE RIGHT TO REJECT ANY PARTICIPANT IN THE EVENT OF THE FAILURE OR REFUSAL OF PARTICIPANT TO ACCURATELY COMPETE AND SIGN ALL OF THE REQUIRED DOCUMENTS.

Signature of Rider

Date

Signature of Parent/Guardian

Date