Larry & Dannette Morgan dba:
DAN HOBYN STABLES
White River Valley Pony Club Riding Center
704 N. Mathews Road, Greenwood, IN 46143
www.danhobynstables.com
danhobynstables@aol.com

EQUINE PARTICIPATION RELEASE FORM

Participant Name_____

DOB_____Height_____

Address_____

City_____State_____ZIP_____

Day/Work Telephone_____Home Telephone_____

Cell Phone_____Email (Used for billing)_____

Emergency Contact Name_____**Emergency Contact Telephone**_____

Riding Experience_____

Participant under 21 Parent or Guardian_____

Optional Medical Information that you wish to disclose, which may be important for the instructor to know prior to your lesson:_____

I understand that riding and participating with horses involves a risk. I have considered the risk and the potential for injury carefully. I understand that every precaution is being taken by the stable and the instructors to prevent accident or injury. I agree to abide by all the safety rules and all standards imposed by the stable and the instructors. I understand I am riding and participating at my own risk. I will not hold the stable, any employees or instructors responsible or liable for any accident, injury or loss to myself, my horse or my property. I understand the responsibility for any injury to myself or my horse is mine, and that any personal injury will be covered by my insurance. I will not hold Larry & Dannette Morgan dba: Dan Hobyn Stables and White River Valley Pony Club Riding Center (DHS), instructors at DHS, or any connected with DHS liable for any cost, expense or damage to myself or my horse.
WARNING: UNDER INDIANA LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR INJURY TO, OR DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES.
Participant Name (Printed)_____

Participant Signature_____Date_____

Participants under 18 must have signature of Parent or Guardian

I have read through Dan Hobyn Stables' Lesson Policies and understand that **I will be charged a minimum of 4 lessons per month (regardless if taken or not). Signature**_____**Date**_____

Insurance Information:
Participant under 21 Parent or Guardian_____

Participant Health Insurance Plan_____

Health Care Policy Number_____