

Blanche Enterprises Inc. DBA BLANCHE FARMS Waiver of Liability

Name _____ Age _____ Weight Under 200? ___ Riding Experience* _____

**No Experience 1-2 times, Little Experience- 6 – 12 times, Some Experience- 12 or more, Experienced – ridden extensively.*

How did you hear about us? _____ Telephone: _____

*I am aware that horses can act unpredictably, and horseback riding may be a hazardous activity. I am voluntarily participating in this activity with knowledge of the dangers (included but not limited to bucking, rearing, kicking, biting, spooking, tripping, misstep, bolting, rolling, shaking, being stepped on, trampled, rubbed into fence, thrown off, etc.) involved and hereby agree to accept any and all risks and responsibilities of injury or death to my own self or caused by me to others. (INITIAL) _____.

***Do you suffer from any of the following conditions?**

__ heart problems __ seizures __ stroke __ Parkinson’s disease __ osteoporosis __ muscle impairment
__ allergies (please list) _____. You are required to disclose this information here and notify instructor before mounting your horse of any and all conditions listed here or others that may affect or impair your ability to ride or control a horse. (INITIAL)- _____.

*I certify that I am not under the influence of any medication or alcoholic beverage that could impair judgment. (INITIAL) _____.

*I am aware that the Blanche Farms offers helmets for all riders and requires helmets for riders under 18 years of age. **IF I DECLINE THE USE OF A HELMET, even though the use of this helmet could prevent serious injury or death, I ASSUME ALL RISK AND DO NOT HOLD BLANCHE FARMS OR BLANCHE ENTERPRISES INC. LIABLE FOR MY DECISION.** (INITIAL) _____.

Blanche Farms relies on my answers to the above questions in selecting a saddle animal and is justified in such reliance. Blanche Farms makes no warranty of any kind, expressed or implied, as to the habits, disposition, suitability, nature, or physical condition of any saddle or carriage animal, and equipment supplied by it. Blanche Farms LLC is not a carrier, all rental animals being under the control of guests. Blanche Farms is not responsible to guest or anyone else for injury arising out of the rental or riding of any saddle or carriage animal provided by it, whether injury occurs through negligence of Blanche Farms LLC or its contractors, employees, volunteers, agents, or associates. I further agree that I will defend, indemnify, and hold harmless Blanche Farms, its owners, , contractors, employees, volunteers, land owner whose land where horseback riding activities may be conducted their insurers or assigns, the State of Georgia, and its owners, officers, directors, members, and agents, or any of them against all claims, demands, causes of action including court costs, any attorney fees, directly or indirectly arising from any action or any preceding brought by or prosecuted for my benefit contrary to this release extending to all claims of every kind and nature whatsoever known or unknown and I expressly waive any benefits I may have under Georgia Civil Code relating to the release of unknown claims. I further acknowledge that any equine professional or sponsor is not responsible for any accident or death resulting from any equine activity resulting from the inherent risks of equine activities, pursuant to Georgia Code Annotated, title 44, chapter 20. In consideration for the rental fee paid I agree with and fully understand the contents of the above and limitation of liability and understand that this releases the liability of Blanche Farms and is a contract between Blanche Farms and myself. I authorize emergency medical treatment. I sign below of my own free will.

Name _____ Signature _____

Relationship to if a minor _____ Date _____

1. Park by fence, **not in driveway**, enter at designated visitor gate, go to office for check in **(INITIAL)** _____.
2. Arrive 15 minutes prior to lesson time – properly outfitted in boots and long pants.
(INITIAL) _____.
3. Parents, family members, and friends please remain in the viewing area. Standing along the fence can startle the horses. **(INITIAL)** _____.
4. New non-discounted lesson rate is \$60. This rate applies to additional private lessons given outside of a monthly time slot, or an initial evaluation lesson. **(INITIAL)** _____.
5. The monthly tuition rate will be **\$200/month**. This discounts lessons to \$50 instead of \$60, so this **saves \$40 on a 4-week month ($4 \times \$60 = \240) and \$100 on the 5 week months ($5 \times \$60 = \300)**. **(INITIAL)** _____.
6. On months with 5 weeks, the instructors will be giving a “free lesson”. To balance this, we will be closed all major holidays: New Year’s Day, Memorial and Labor Day, 4th of July, Thanksgiving, and Christmas. No makeups will be given for these days. **(INITIAL)** _____.
7. The tuition reserves a set weekly **time slot**, not a **pack of lessons** to be redeemed as needed. **(INITIAL)** _____.
8. Tuition is due PRIOR to the first lesson. If it is not received, the space will be offered to the waiting list. 30 days of cancellation of a lesson space is required. **(INITIAL)** _____.
9. Each instructor will offer 1 makeup lesson voucher per quarter to be held on one specific day, set by the instructor. **(INITIAL)** _____.
10. If 24 hours’ notice of forfeit of time slot, 1 makeup voucher can be obtained per quarter, after 3 consecutive months of lessons. **(INITIAL)** _____.
11. It is the rider’s responsibility to obtain their voucher, and it should be treated like cash. **(INITIAL)** _____.
12. If the instructor is ill or on vacation another instructor will fill in. If this is impossible, a makeup day will be offered with advance notice. **(INITIAL)** _____.
13. We ride in all weather, this is why we purchased a covered arena. On days of severely inclement weather, we will offer ground lessons consisting of tacking, grooming, and horse care. The lesson will not be cancelled. **(INITIAL)** _____.
14. Please share these policies with all member of the family who transport or fund the student’s tuition. Proper communication among family members is assumed by the instructor, and not an issue for the instructor to handle or address. **(INITIAL)** _____.