

REGISTRATION FORM

Twin Oaks Riding Academy Lesson Program

Name		Age	Birth Date
Address		City/State	Zip
Email Address (for confirmation of your registration and lesson notifications)			
Cell Phone	Parent's name & work phone/cell phone (minors only)		Parent's name & work phone/cell phone (minors only)
In case of emergency and neither Parent can be reached, whom should we notify?:			
Name		Telephone	Relationship
Preferred Doctor/Telephone		Preferred Hospital/Telephone	
Medical Information: Please list any and all physical handicaps, emotional or physical problems, chronic ailments or allergies, including any medications associated with disorders affecting attention span, and/or behavior, alertness or motor skills.			

Release of Liability, State of Virginia, County of Loudoun

I (we) the undersigned student, parent, or legal guardian of a student of the Twin Oaks Riding Academy (hereinafter referred to as "Twin Oaks"), for and in consideration of my child, or a student for whom I have been granted legal custody, hereby voluntarily and knowingly execute this Release with the express intention of effecting the extinguishments of, and complete release from any and all claims, actions, demands or rights to monetary judgment arising from any and all injury or physical or emotional or mental harm which may arise from or be sustained as a result of my participation or the participation of my child and/or legal ward, in the various programs of instruction, practice, clinics, open riding, camps and physical activity or from observing the activities associated with the study of English riding or horsemanship and related activities conducted by Twin Oaks and its owners and any of Twin Oaks' employees. I hereby agree to hold Twin Oaks Riding Academy, Mackenzie Parks, Twin Oaks owners and employees, and Dancing Horse Stables, its employees and owner, Abby Khan, free from all damages or liability for any injury to the person or property arising out of the use of horses or equipment while riding at Twin Oaks or while attending or observing any horse shows, clinics, camps, or while performing chores, whether voluntarily or for compensation, or other horse related activities while on the premises of Twin Oaks Riding Academy or while away from Twin Oaks Riding Academy.

I agree to wear a regulation ASTM approved hard hat (helmet) at all times while mounted on a horse. I agree to assure that my minor child will wear a regulation ASTM approved hard hat (helmet) at all times while mounted on a horse.

I understand that the Twin Oaks Riding Academy and its employees make no warranty as to Twin Oaks or its employees, contractors and instructors' ability to provide training or other protection against riding related accidents, injuries, including repetitive stress injuries, emotional distress or death as a result of participation at Twin Oaks.

I recognize that riding a horse is a dangerous sport and I acknowledge that I have read and understand the foregoing warnings and disclosures.

This waiver gives notice to the participant of the risks inherent in equine activities, including (i) the propensity of an equine to behave in dangerous ways which may result in injury to the participant; (ii) the inability to predict an equine's reaction to sound, movement, persons, or animals; and (iii) hazards of surface or subsurface conditions.

Executed by: _____ Date _____
Signature Date