

SHORT ACRES



FARM

Life Ride at Short Acres Farm, LLC

20609 NE 164th Street - Brush Prairie -WA - 98606

(360) 514-0780 www.shortacresfarm.com

Pony Party / Field Trip Registration

PRIMARY CONTACT	PHONE	ALTERNATE PHONE
GROUP/GUEST NAME	REASON FOR EVENT	EMAIL
STREET	CITY	ZIP

EVENT INFORMATION

NUMBER OF GUESTS ATTENDING ___ Child (Age 5 – 12) ___ Teen (Age 13 – 18) ___ Adult	TYPE OF EVENT:
SPECIAL NEEDS / ACCOMODATIONS / HEALTH CONCERNS	REQUESTED EVENT DATE & TIME:
PLEASE SEND ME MORE INFORMATION ABOUT:	HOW DID YOU LEARN ABOUT US?
<input type="checkbox"/> LESSONS <input type="checkbox"/> RIDING CLINICS <input type="checkbox"/> PONY PARTY <input type="checkbox"/> PONY RIDE (1/2 hour) <input type="checkbox"/> SUMMER CAMP <input type="checkbox"/> GROUP FIELD TRIP	

HOLD HARMLESS, INDEMNIFICATION, AND RELEASE

I, the undersigned, hereby acknowledge that I/we have voluntarily applied to engage in an activity of horseback riding with Short Acres Farm, LLC. I/we understand that the activity of horseback riding involves numerous inherent risks of injury that are an integral part of such an activity. I/we assume full responsibility for all such risks, including loss of control, collisions, and obstacles, whether they are obvious or not obvious. I and/or my group further understand that an animal, irrespective of its training and usual past behavior and characteristics, may act or react unexpectedly or unpredictably at times, and I/we also assume such risks. I, on my behalf, and behalf of any person authorized by me to ride, assume the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider, and spectator.

In consideration for the privilege of riding and or working around horses at Short Acres Farm, I/we hereby agree to hold harmless and indemnify Short Acres Farm, LLC. I/we further release Short Acres Farm, LLC for any liability or responsibility for accident, injury, damage or illness to myself or persons authorized by me to ride, or any person(s) accompanying me on the premises.

___ My group may be photographed and pictures may be used for marketing or promotional purposes if needed.

Representative Signature

Representative Printed Name

Date

DATE REGISTERED / REC'D BY	PAYMENT RECEIVED	FINAL EVENT DATE/TIME
Verify signatures, health concerns, advertising release	Send confirmation email/phone call	