

# Heatherwood Inc.

10950 Adams Rd., Granger, Indiana 46530

Ph: 574/247-1205

## *Rider Profile*

Name of Rider \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

PH: (H) \_\_\_\_\_ (W or Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Parents(if child) \_\_\_\_\_ Employer \_\_\_\_\_

Siblings: \_\_\_\_\_

Contact in case of emergency: \_\_\_\_\_ Relationship \_\_\_\_\_

PH: \_\_\_\_\_

Doctor: \_\_\_\_\_ PH: \_\_\_\_\_ Hosp: \_\_\_\_\_

Allergies: \_\_\_\_\_

Level of riding experience: \_\_\_ Beginner \_\_\_ Inter \_\_\_ Adv \_\_\_ Showing

Number of years riding? \_\_\_\_\_ What type of riding? \_\_\_\_\_ Previous lessons? \_\_\_\_\_

Where? \_\_\_\_\_

How did you hear of Heatherwood? \_\_\_\_\_

Special needs or instructions? \_\_\_\_\_

Waiver of Liability: UNDER INDIANA LAW, AN EQUINE OWNER IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

Having read this I agree not to hold Deborah & Laurence Clements DBA: Heatherwood Inc. or their heirs liable for any injury/death sustained while riding at their equine facility. Signed:

\_\_\_\_\_

I grant permission for Heatherwood Inc to use any photos taken of myself or my child during equestrian activities to be used for promotional purposes. Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Lessons/8wk \_\_\_ group \_\_\_ private Camp week: \_\_\_ 6/1 \_\_\_ 6/8, \_\_\_ 6/15, \_\_\_ 6/22, \_\_\_ 7/13, \_\_\_ 7/20, \_\_\_ 7/27, \_\_\_ 8/3 Party Date \_\_\_\_\_

\*Note: Lesson fees are not refundable. Makeup lessons must be taken within the rider's current 8 week program. Camp fees -\$50 are refunded w/ 3 weeks notice of cancellation.