



# MANE EVENT STABLES

## STUDENT APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w)

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents Names (if under 18): \_\_\_\_\_

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w)

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

### Emergency Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Please indicate what your preferred day/times would be:

Lessons offered Tues, Weds, Thurs, Sat, and Sun

Preferred Days: \_\_\_\_\_ Preferred Times: \_\_\_\_\_

\*\*Instructor will contact you with final schedule

In consideration of MANE EVENT STABLES, LLC allowing my participation in this activity, under the terms set forth herein, I, the RIDER, and the parent or guardian thereof if a minor, do agree to hold harmless and release MANE EVENT STABLES, LLC its owners, agents, employees, officers, members, premises owners, insurers, and affiliated organizations from legal liability due to MANE EVENT STABLES, LLC ordinary negligence; and I do further agree that except in the event of MANE EVENT STABLES, LLC gross negligence and willful and wanton misconduct, I shall not bring any claims, demand, legal actions and causes of action, against MANE EVENT STABLES, LLC and/or its associates, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of MANE EVENT STABLES, LLC to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of MANE EVENT STABLES, LLC

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, have been presented with MES Barn Rules and the Grooming/Tacking procedure, to which I have read and fully understand.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

————— DO NOT WRITE BELOW THIS LINE —————

### Instructors Comments:

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Name: \_\_\_\_\_

DOB \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

\_\_\_\_\_

Parents/Legal Guardian: \_\_\_\_\_

### Phone Numbers

Phone Numbers For:		Phone Numbers For:	
Home		Home	
Cell		Cell	
Work		Work	
Other		Other	

### Health History

	Y	N	Comments
Vision			
Hearing			
Communication			
Sensation			
Heart			
Breathing			
Digestion			
Circulation			
Emotional			
Behavioral			
Pain			
Joint/Bone			
Muscular			
Thinking/Cognition			
Allergies			

Are you currently taking any over-the-counter or prescription medications?

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Do you have any physical limitations? If yes, please explain.

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Do you have any previous riding experience?

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What are your riding goals, both current and future?

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How did you hear about Mane Event Stables? Do we need to thank anyone for a referral?

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Any other information you feel we should know?

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\_\_\_ Staff    \_\_\_ Volunteer    \_\_\_ Participant

Name: \_\_\_\_\_ DOB \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_ Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

In the event of an emergency, please contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving lessons or instructions, or while being on the property of Equestrian Arts Institute, I authorize Equestrian Arts Institute to:

1. Secure and retain medical treatment and transportation if needed.
2. Release volunteer records upon request to the authorized individual or agency involved in the medical emergency treatment.

### Consent:

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: \_\_\_\_\_ Consent's Signature: \_\_\_\_\_

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Participant, Staff Member, Volunteer, or Legal Guardian

### Non-Consent

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving lessons or instructions. In the event of emergency treatment/aid is required, I wish that the following procedures to take place:

Date: \_\_\_\_\_ Consent's Signature: \_\_\_\_\_

Participant, Staff Member, Volunteer, or Legal Guardian