



Freedom Ride, Inc.

Boy/Girl Scout Program Riding Form

Participant Registration Information – please write clearly in ink.

Rider Full Name: _____ Age: _____

Parent or Guardian: (if under 18) _____

Phone # _____ Height: _____ Weight: _____

Previous Riding Experience:

Medical Disclaimer: Please list and describe any medical condition(s) such as heart condition, spinal injury, epileptic seizures or any other medical or physical condition that could affect or be affected by horseback riding:

() I DO () I DO NOT take any medication, drugs, and/or use alcohol at time where it could affect or be affected by horseback riding: _____

Freedom Ride Policies:

- Groups are scheduled for approximately 2-3 hours depending on number of riders. Participants will ride in small groups, supervision must be provided by group leaders.
- Scheduling will be done thru the Freedom Ride office.
- All riders will be required to wear proper footwear – paddock boots, or shoe with closed toe and small heel, NO SANDALS/FLIP FLOPS allowed, and riders must have long pants – preferably riding breeches or jeans.
- Riders **MUST WEAR** an ASTM-SEI certified riding helmet. Riders may choose to use helmets provided by Freedom Ride or bring their own (which must be approved by Freedom Ride prior to lesson).
- All horses **MUST** be ridden in their own tack and equipment. **NO Exceptions.**
- Freedom Ride reserves the right to remove a rider from the program following the disregard for written rules or endangerment to Freedom Ride animals, persons, facility or property.
- Freedom Ride has a strict inclement weather policy:
 - Mounted activities will not be held when the temperature is above 95 degrees or when the wind chill factor is below 45 degrees.
 - Mounted activities will not be held during heavy rain and will not be held if there is visible lightning or thunder – regardless of whether it is raining.
 - Freedom Ride’s rule is that no rider can be on a horse within 15 minutes of the last thunder/lightning.

By signing below, you are consenting to all rules and regulations set forth by Freedom Ride, Inc. Additionally, you are agreeing to pay for all lessons. If rider is under the age of 18 years old, a parent or guardian must give consent for their son or daughter to take lessons.

Signature of Rider: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Rider Authorization for Emergency Medical Treatment

Rider Full Name: _____ Date of Birth: _____

Address: _____

In the event emergency medical aid/treatment is required, due to illness or injury, during the process of receiving services or while being on the property of the agency, I authorize Freedom Ride to:

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

I give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. 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 below is unable to be reached.

Emergency Contact: _____ Phone: _____

Physician Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy: _____

UNCONDITIONAL GENERAL RELEASE

WARNING-UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I, _____, a participant, client, volunteer, or student or the legal guardian of a participant, client, volunteer, or student ("Participant") in a program, event, or activity taking place under the sponsorship of or at the facilities of **FREEDOM RIDE, INC.**, a Florida not for profit corporation ("Freedom Ride"), hereby give consent and approval to the participation of Participant in any and all programs, events, or activities taking place under the sponsorship of or at the facilities of Freedom Ride ("Activities").

I fully understand that my decision to be a Participant, or to allow such person named above to be a Participant, poses risks of personal injury, property damage, death and/or other loss that may arise while participating in the Activities. I assume all risk and hazards incidental to the conduct of the Activities as well as transportation to and from all Activities.

In consideration of Participant's being allowed to participate in the Activities, on behalf of Participant, Participant's heirs, personal or legal representatives, successors and assigns, I hereby irrevocably and unconditionally release, and covenant not to sue Freedom Ride, the City of Orlando, and each of Freedom Ride and the City of Orlando's owners, directors, officers, employees, agents, independent contractors, representatives, attorneys, successors, and assigns, and all persons acting by, through, under, or in concert with, any of them (collectively "the Releasees"), from any and all claims or causes of action whatsoever, in law or in equity, whether known or unknown at this time, based on any action, cause or thing occurring on, prior to, or following the date hereof, and, in particular, without limiting the generality of the foregoing, all claims arising out of or relating to the Activities, even if such liability or damage results from the sole negligence of the Releasees.

I hereby authorize the Releasees to act in their discretion on behalf of Participant in providing, requesting, or authorizing the provision of emergency medical services ("Emergency Services"). I acknowledge full responsibility for any charges associated with the rendering of any and all Emergency Services, and I indemnify the Releasees from any and all claims, expenses, or other charges related to their decision to provide or to not provide Emergency Services.

I understand and agree that this document shall be construed according to the laws of the State of Florida, and that this Unconditional General Release shall be as broad and inclusive as is permitted by the laws of the State of Florida. If any portion of this document is held to be invalid or of no force or effect, I agree that the balance shall continue in full force and effect.

This Unconditional General Release shall be immediately effective upon its execution.

I HAVE READ AND UNDERSTAND THIS DOCUMENT.

Printed Name: _____

Signature: _____ Date: _____

Adult Signature / Parent or Legal Guardian for Minor Child