



*Medical
Agreements
Registration &
Release*

CEDARHILL FARM

*Please print, fill out and mail all pages to Cedarhill Farm
2620 Waxhaw Marvin Road, Waxhaw, NC 28173. Please in-
clude a non refundable \$25. registration fee for all new and
returning students of Cedarhill Farm.

RELEASE & HOLD HARMLESS AGREEMENT

The Undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to rider, spectator and horse.

In consideration, therefore, for the privilege of riding and/or working around horses at Cedarhill Farm, Inc., located at 2620 Waxhaw Marvin Road, Waxhaw, NC the Under- signed does hereby agree to hold harmless and indemnify Cedarhill Farm, Inc. and staff, and further release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

RIDER NAME: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

EMERGENCY CONTACT: _____

HOME PHONE: _____ CELL: _____

AGREED TO BY: _____

SIGNATURE OF RIDER

SIGNATURE OF PARENT/GUARDIAN



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RIDER'S REGISTRATION FORM

Rider's Name: _____ Age _____

Home Phone: _____

Father's Name: _____

Best Phone (Day Time): _____

Mother's Name: _____

Phone (Day Time): _____

Home Mailing Address: _____

E-Mail Address (Needed for billing and news): _____

Circle Level of Riding:

W/T (Walk Trot –beginner)

W/T/C (Walk Trot Canter)

Cross Rails

2' solid jumps

2'6 jumps

3' and above

Available Days: _____

Available Times: _____

Preferred Instructor: _____



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MEDICAL CARE INSTRUCTIONS

In the event of a medical emergency, Cedarhill Farm, Inc. and its staff has my permission
to seek medical care for RIDER NAME: _____

In the event of a medical emergency that requires ambulatory transportation, I request
that I be taken to: NAME OF HOSPITAL / MEDICAL FACILITY and LOCATION

PRIMARY PHYSICIAN CONTACT: _____

AGREED TO BY: _____

SIGNATURE OF RIDER SIGNATURE OF PARENT/GUARDIAN
