



**1108 Altamont Lane Odessa, FL 33556**  
**813-368-0666**

### **Rider/Student Application**

This document covers the providing of riding instruction, and/or participation in Equestrian activities at Suncoast Stables and Riding Academy to the Student named below. Applicant also agrees to hold Suncoast Stables and Riding Academy harmless, and understands the apparent risks of equine activities (see Release and Indemnity Agreement).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Other: \_\_\_\_\_

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

If Student is under eighteen (18) years of age:

Parent or Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Other: \_\_\_\_\_

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

In case of emergency please contact:

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

Phone: \_\_\_\_\_ Other: \_\_\_\_\_

#### **RIDING BACKGROUND**

Prior riding experience From: \_\_\_\_\_ Years: \_\_\_\_\_

Type of Riding: \_\_\_\_\_

Locations: \_\_\_\_\_

Prior Instructors: \_\_\_\_\_

Would you call yourself a Beginner Rider \_\_\_\_ Intermediate Rider \_\_\_\_ Advanced Rider \_\_\_\_

How did you hear of Suncoast Stables? \_\_\_\_\_

What are your riding goals: \_\_\_\_\_

#### MEDICAL AUTHORIZATION

In the event that the above named Student requires medical treatment on account of an accident or injury, which may occur in connection with any activities at Suncoast Stables and Riding Academy, LLC, instructors and employees of Suncoast Stables and Riding Academy, LLC, and its owners, are hereby given full authority to engage any necessary emergency medical services for the above named Student. In the event the Student is not able to act for himself/herself (or in the absence of a Parent or Guardian). I give medical caregivers authorization to work on myself or my child for any medical reasons they feel necessary due to any accident or activities while at Suncoast Stables and Riding Academy, LLC. I will assume any and all medical expenses related to any accident or injury incurred at Suncoast Stables and Riding Academy, LLC.

#### RELEASE OF IMAGES FOR PROMOTIONAL PURPOSES

I hereby release the use of photo/video images of the above registered student for the purpose of evaluation, program or clinic promotion, and use in marketing materials to the general public.

I have read this application, the Suncoast Stables and Riding Academy Operating Procedures, the Release and Indemnity agreement and fully understand the contents of all documents.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_