



246 Cronan Drive • McDonough, GA 30252
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LESSON STUDENT APPLICATION

This document covers the providing of riding and/or driving instruction by an authorized Instructor at WILLOWICK MORGAN FARM, INC. to the Student named below, and participation in Lesson Program activities as deemed appropriate by the Instructor. By signature hereon WILLOWICK MORGAN FARM, INC. agrees to provide the Instructor, horse and facilities to deliver the instruction or manage the activities according to this application.

PLEASE READ THIS DOCUMENT CAREFULLY AND DO NOT SIGN IT UNLESS YOU FULLY UNDERSTAND IT.

Student's Name: _____ Date of Birth: _____

Address Street: _____ City: _____ State: _____ Zip: _____

Telephone Home: _____ Work: _____ Cell: _____

IF STUDENT IS UNDER EIGHTEEN (18) YEARS OF AGE.

Parent/Guardian: _____

Address Street: _____ City: _____ State: _____ Zip: _____

Telephone Home: _____ Work: _____ Cell: _____

BACKGROUND

Prior riding/driving experience: Years _____ to _____ Number of Lessons: _____

Locations: _____

RELEASE

I, the Student, (or parent/guardian) recognizes the inherent risks of injury involved in horseback riding/driving generally, and in learning to ride/drive in particular. In taking lessons at WILLOWICK MORGAN FARM, INC. or participating in Lesson Program activities I assume any and all such risk of injury and further, I voluntarily release WILLOWICK MORGAN FARM, INC., its owners, instructors, employees and agents from any and all responsibility on account of any injury I (or my child or ward) may sustain while on the premises of WILLOWICK MORGAN FARM, INC. or participating in Lesson Program activities, and I agree to indemnify and hold harmless WILLOWICK MORGAN FARM, INC., its owners, instructors, employees and agents on account of any such claim. **I also understand that there are no refunds of any kind 30 days following the date of deposit into my lesson account.**

Signed: _____ Date: _____

Student, (Parent/Guardian)

ATTENTION! Under Georgia Law, a participant in equine activities assumes the risk of any injury, harm, damage, or death and any legal responsibility that may occur to participant resulting for the inherent risks associated with equine activities.

MEDICAL AUTHORIZATION

In the event that the above named Student requires medical treatment on account of any accident or injury which may occur in connection with any activities at WILLOWICK MORGAN FARM, INC. or of the Lesson Program, the staff/Instructors of Willowick Morgan Farm, Inc., and its owners are hereby given full authority to engage any necessary emergency medical services for the above named Student including the administration of anesthesia, in the event the Student is not able to act for himself/herself (or in the absence of a Parent or Guardian).

I (the above named Student) am allergic to the following medications/foods (if none, so state): _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____

I/We have read this Student Application carefully and fully understand the contents of this document. Furthermore, I/we agree to the contents of this document.

Student: _____ Date: _____

Parent/Guardian: _____ Date: _____

Instructor: _____ Date: _____