

## Fordsdale Horseback Adventures - Rider Information

<b>Rider 1 Details</b>	(1) Full Name: _____ Age: _____ Weight: _____ Height: _____ Email Address: _____ Riding Experience: _____ Address: _____ City: _____ State: _____ Postcode: _____ Emergency Name: _____ Emergency Phone: _____
----------------------------	---

<b>All Other Rider Details</b>	(2) Full Name: _____ Age: _____ Weight: _____ Height: _____ Email Address: _____ Riding Experience: _____
	(3) Full Name: _____ Age: _____ Weight: _____ Height: _____ Email Address: _____ Riding Experience: _____
	(4) Full Name: _____ Age: _____ Weight: _____ Height: _____ Email Address: _____ Riding Experience: _____

***I acknowledge that this information I have provided above is true and correct.***

I understand that activities involving horses can be hazardous and that horses may act unpredictably particularly when frightened or hurt in any way. I acknowledge that accidents while horse riding can occur and that such accidents may result in bodily injury, death, disability and/or property damage. Knowing these risks I acknowledge and accept that I ride and participate in riding and trail riding activities at Fordsdale Horseback Adventures at my own risk and that Fordsdale Horseback Adventures shall be under no liability to me for any accident, damage (including property damage) or injury that I might suffer as a result of my participation in any riding activity at Fordsdale Horseback Adventures.

(1) Rider Name: _____	Signature: _____	Date: _____
(2) Rider Name: _____	Signature: _____	Date: _____
(3) Rider Name: _____	Signature: _____	Date: _____
(4) Rider Name: _____	Signature: _____	Date: _____