

# Tap Root Farm Equestrian Program

## Barn Rules & Release

I hereby request that the participant named below be accepted into the Equine Learning Program, operated by Susan Ingraham. I acknowledge that Susan Ingraham and Staff have fully explained to me the scope of the Equine Learning Program, including the potential for injury which can occur from riding horses, working with horses or being involved in learning activities that include horses. Because of the potential benefits of the equine program, I hereby waive any and all claims. Additionally, I understand under Tennessee law, an equine professional is not liable for injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee code annotated, title 44, chapter 20.

PARTICIPANT NAME	AGE (if under 18)	WEIGHT Over 240?	HORSE RIDING EXPERIENCE
	2. Age _____	4. Yes ____	5. ____ Beginner ____ Detail Ability:
	3. DOB _____	No ____	_____
6. Email address: _____			
7. Does participant have any physical or mental condition(s) that may affect his/her safety and ability to ride or be around a horse/s?    YES        NO (circle one)			
8. If you circled "YES", how can we help this participant with his/her special needs?			
9. <u>MEDICAL INSURANCE</u> I/WE AGREE THAT: Should medical treatment be required, I and/or my medical insurance shall pay for <u>ALL</u> such incurred expenses > My medical insurance company is _____. My policy number is _____.			
<input type="checkbox"/> I do NOT carry medical insurance.			

- PROTECTIVE HEADGEAR/HELMET POLICY:** I understand and agree that Tap Root Farm requires that all riders must wear ASTM Standard F 1163 Protective Headgear/Helmets when around and on horses. Protective headgear/helmet provided by Tap Root Farm may not be of perfect fit for the participant's head, and that once provided I/WE will be responsible for securing the headgear/helmet on the participant's head at all times. I am not relying on Tap Root Farm and/or its associates to check any headgear/helmet or headgear/helmet strap that I may wear, or to monitor my compliance at any time now or in the future.

2. **CARRY-ON or SHARP OBJECTS and LOUD NOISES WARNING:** I/We acknowledge that: When approaching, mounting, and riding horses, I must not carry loose items that may fall or blow away or flap in the wind or bounce or make sharp or loud noises, as these actions of which may scare horses causing them to react in unsafe ways. Some Examples are: Cameras, cell phones, hats or coats not securely fastened, toys, purses. When near or riding a horse, participants must not make sharp or loud noises, such as whistling, screaming or yelling and must not run and play in the horse/barn area as these motions or sounds may scare horses causing them to react in unsafe ways
3. **SADDLE GIRTH LOOSENING WARNING:** I/We understand and acknowledge: Saddle girth s (fastener straps around the horse's belly) may loosen during riding. Riders must alert the nearest attendant of any girth looseness so action can be taken to avoid saddle slippage and the potential for the rider to fall from the horse.
4. **Lesson Commitment:** Lessons are a joint commitment of yours/your child's time to the Tap Root Farm Equestrian Program. We have lessons rain or shine due to the flexibility of teaching both in the barn and in the arena. We will not be outside when weather conditions are unsafe or unbearable. Please always bring your child to the lesson appropriately dressed. In winter, they should wear earmuffs, 1 or 2 pairs of gloves, 1 or 2 pairs of socks with riding boots, hoods that block the wind and can be worn under their helmet, several layers both on their legs and upper torso. In the summer, they must wear long pants and riding boots with socks.
5. **Cancellation Policy:** If a lesson needs be changed, we must have a phone call (to Susan Ingraham 615.594-3210) 7 days in advance which will potentially enable us to refill your time slot. A voicemail, text or email may be used to confirm the change but not to notify of the need to change. If you are unable to give this notice and we cannot fill your lesson time, you will be expected to pay for the missed lesson. We run our program on a tight budget to keep our expenses to you (the price of your lessons) as low as possible; hence, we must be able to count on your commitment to us for your child's lessons. Thank you for your help and understanding.
  - In case of emergency or sickness, please call Susan as soon as possible so that we can attempt to fill your slot and create a new slot for you post emergency/sickness to make up your lesson.

**General Behavior Expectations of all Tap Root Farm Equestrian Program Participants & Attendees:**

1. No Whining
2. Be Supportive
3. Be Patient with others and yourself
4. We have a Zero Tolerance Policy of: Illegal Drugs & Alcohol Use or It's Effects, Smoking of any Substance, Foul or Inappropriate Language, Behavior or Gestures.

\_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF RIDER (SPOUSES MUST SIGN FOR THEMSELVES)

\_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN NAME OF RIDER

## Tap Root Farm Equestrian Program Hold Harmless Release

The Undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury, death, and physical harm to rider, horse and spectator. In consideration, therefore, for the privilege of riding, working around horses, riding lessons, boarding, training, any horse related activities or visiting at **Tap Root Farm Equestrian Program** located at **905 Hickory Hills Drive, Franklin, TN 37067**.

The Undersigned does hereby agree to voluntarily & knowingly hold harmless and indemnify **Tap Root Farm Equestrian Program, Susan Ingraham**, owners, family members, employees, instructors, agents, heirs, executors, partners, administrators, representatives, successors, assigns, sponsors, volunteers, organizers, event helpers or assistants, contractors, executives, directors, and personnel associated with this equestrian program/event including but not limited to any claim against **Tap Root Farm, Ingraham Family Limited Partnership**, its owners, partners, agents, assigns or successors (all the foregoing are hereinafter collectively referred to as "**Ingraham**") and further release them from any liability or responsibility for accident, damage, injury, death, or illness to the Undersigned or to any horse owned or leased by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises. This is to include any lessons, coaching at any trial event, trail ride, horse show or summer horse camp. When any trucking/hauling is done by **Tap Root Farm/Ingraham**, owner of horse will hold ALL insurance (injury, illness or death) on horse being transported by **Tap Root Farm/Ingraham**.

I, the undersigned, hereby voluntarily and knowingly release any and all claims against **Tap Root Farm/ Ingraham** from any and all liability or claims arising out of or in any way related to the **Tap Root Farm/Ingraham** and equine activities or presence at **Tap Root Farm Equestrian Program**. I (we) also hereby release **Tap Root Farm/Ingraham** from any claim or loss to myself, employees, associates, horse(s), and or equipment.

**Under Tennessee law, an equine professional is not liable for injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee code annotated, title 44, chapter 20.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Gaurdian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*I (we) hereby authorize **INGRAHAM** to contact the above emergency contact person and follow his or her instructions. If my designated "Emergency Contact", cannot be reached, I hereby \authorize **INGRAHAM** to use best judgment and take emergency measures to protect me.

**Emergency Contact Names & #s:**

\_\_\_\_\_  
**Name/Relationship/Phone #s**

\_\_\_\_\_  
**Name/Relationship/Phone #s**

\_\_\_\_\_  
**Primary Physician, Address, and Phone #**

\_\_\_\_\_  
**Emergency Hospital of choice-knowing that WMC is closest**



**Each Participant and Parents or Legal Guardians must sign below after reading and completing this entire document**

**SIGNER STATEMENT OF AWARENESS**

TO SUE TODAY AND IN THE FUTURE. I/WE ATTEST THAT ALL COMPLETED FACTS ARE TRUE AND ACCURATE. I AM SIGNING THIS VOLUNTARILY WHILE OF SOUND MIND. WE, THE UNDERSIGNED, REPRESENT THAT I/WE HAVE READ AND DO UNDERSTAND THE TAP ROOT FARM HORSES ARE PARTNERS/EQUESTRIAN PROGRAM HOLD HARMLESS RELEASE FORM, PROTECTIVE EQUESTRIAN HEADGEAR AGREEMENT & RELEASE, AND BARN RULES.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT (Spouses must sign for themselves.)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT, GUARDIAN, AND/OR SPOUSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT, GUARDIAN, AND/OR SPOUSE

\_\_\_\_\_  
DATE

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE # \_\_\_\_\_

Bus/Cell PHONE# \_\_\_\_\_

\_\_\_\_\_  
Lesson Day & Time

\_\_\_\_\_  
Frequency (weekly, 2x/month)

Susan Ingraham,  
Tap Root Farm Equestrian Program  
905 Hickory Hills Drive,  
Franklin, TN 37067  
(615) 594-3210