



## REGISTRATION

## LOWE RIDERS

## APPLICATION

RIDING ACADEMY

**RIDERS NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

ALLERGIES, AILMENTS, MEDICATIONS  
OR OTHER RESTRICTIONS \_\_\_\_\_

RIDERS EXPERIENCE LEVEL \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION (PRIMARY)

NAME \_\_\_\_\_ RELATION TO RIDER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

E-MAIL \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION (SECONDARY)

NAME \_\_\_\_\_ RELATION TO RIDER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

E-MAIL \_\_\_\_\_

### CONTACT IN THE EVENT OF AN EMERGENCY

NAME \_\_\_\_\_ RELATION TO RIDER \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

PHYSICIAN NAME \_\_\_\_\_ PHONE \_\_\_\_\_

IN THE EVENT OF A SERIOUS INJURY, RIDER WILL BE TRANSPORTED BY A STAFF MEMBER OR BY AMBULANCE TO THE CLOSEST HOSPITAL — ST. JOHNS PLEASANT VALLEY HOSPITAL, 2309 ANTONIO AVENUE, CAMARILLO + 805.389.5800

### PAYMENT OPTIONS

CASH, CHECK (MADE PAYABLE TO LOWE SHOW HORSE CENTRE) OR VISA, MASTERCARD AND AMERICAN EXPRESS. IF YOU WOULD LIKE TO USE A CREDIT CARD, PLEASE FILL IN THE BELOW CREDIT CARD CHARGE AUTHORIZATION SECTION.

NAME ON CARD \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*IMPORTANT \*\*\* REGISTRATION APPLICATION MUST BE RETURNED WITH A SIGNED RELEASE OF LIABILITY FORM. RIDER WILL NOT BE ALLOWED TO PARTICIPATE UNTIL FORMS ARE SIGNED AND RETURNED BY MAIL, FAX OR E-MAIL.

4600 SAND CANYON ROAD, SOMIS, CA 93066

T: 805.386.8669 ■ F: 805.386.3180 ■ E: LOWERIDERSACADEMY@GMAIL.COM



**R E L E A S E   O F**

**LOWE RIDERS**

**L I A B I L I T Y**

**R I D I N G   A C A D E M Y**

**THIS FORM MUST BE SIGNED AND RETURNED BEFORE RIDER WILL BE ALLOWED TO PARTICIPATE.**

The undersigned is an owner, rider, shower, viewer, sponsor, user, participant, guest, and/or is otherwise connected with the horses or horsemanship in the Lowe Rider Riding Academy in Somis, California. In consideration of the right to participate in such activity, view or otherwise be present at the facility, the undersigned:

1. I am aware and fully understand that horses and an equestrian operation can be a dangerous environment. I agree to follow all rules and instructions of authorized Lowe Rider Riding Academy staff.
2. I acknowledge that my entry and stay upon premises is at my own risk and I agree to release and forever discharge the Lowe Rider Riding Academy, Lowe Show Horse Centre, Mission Pacific Equestrian Centre, and owners James and Shawn Lowe, together with their respective agents, representatives, employees, independent contractors, volunteers, officers, directors, predecessors, successors, assigns, heirs, personal representatives and executors, and all persons, firms, associations, co-partners, co-venturers, subsidiaries, affiliates or corporations connected therewith, and each of the, from any and all claims, debts, liabilities, demands, obligations, costs, expenses, attorney's fees, actions whether known or unknown, including but not limited to those directly or indirectly related to the ownership, riding, showing, viewing, usage, sponsorship or grooming of horses of the Lowe Rider Riding Academy or any other matter related, either directly, or indirectly.
3. I acknowledge that my entry and stay upon premises is at my own risk, and I agree that the Lowe Rider Riding Academy and any of their employees, animals, agents or the above mentioned paragraph 2, shall not be liable for personal injuries, death or property damage suffered by me, my guests, my dependents, whether or not said injuries, loss, damages, including related expenses, may be due to any conduct, act, condition or omission, or any negligence of any of the aforesaid.
4. I assume full responsibility for any and all of said injuries, damages or loss and do hereby fully and forever release each of the above named from any and all claims arising out of or related to my being in, on or about said premises during the term of my visit.
5. I agree to forever refrain and forebear from commencing, instituting or participating, either as a named party, in any lawsuit, action or other proceeding against those persons identified in paragraph 2 above, whether brought by themselves or by others on their behalf, based on or arising out of any and all matters set forth in paragraph 2 above.
6. I agree to forever waive any and all rights that I may have under Sections 1542 of the Civil Code of the State of California, which reads: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."
7. I agree that as a condition of and in consideration of acceptance into the program, the Lowe Rider Riding Academy may use or assign photographs, videos, audios, or other likenesses of me and my horse taken during the course of my lesson(s). for the promotion, coverage or benefit of the Riding Academy. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity or to misappropriation.
8. I acknowledge that I have read, understand and agree to follow both the student rules and stable rules that have been established for my own safety, which rules may be amended from time to time without notice.

IN WITNESS OF, the undersigned have executed this release as of this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

RIDERS NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SIGNATURE \_\_\_\_\_

IF RIDER IS UNDER THE AGE OF 18, THE SIGNATURE OF A PARENT OR GUARDIAN IS MANDATORY.

PARENT OR GUARDIAN NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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