



**Five Gait Stables, 10502 Henderson Road, Tampa, FL 33625  
813 842 3817**

### **Rider/Student Application**

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

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

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

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

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

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

Parent or Guardian: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

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

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

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

In case of emergency please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

#### **RIDING BACKGROUND**

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

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

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

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

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

How did you hear of Five Gait 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 Five Gait Enterprises, LLC, instructors and employees of Five Gait Enterprises, 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 Five Gait Enterprises, LLC. I will assume any and all medical expenses related to any accident or injury incurred at Five Gait Enterprises, 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 promotions, and use in marketing materials to the general public.

I have read this application, the Five Gait Enterprises, LLC Operating Procedures, the Release and Indemnity agreement and fully understand the contents of all documents.

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

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

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