

BLUE RIBBON FARMS, INC.
384 COWPATH ROAD ALIQUIPPA, PA 15001
Phone 412-974-1650
Fax 412-857-1188

REGISTRATION AND RELEASE FORM

Registration

Student: _____ Date of Birth: _____ Age: _____

Street: _____

City: _____ Zip Code: _____ County: _____

Home Phone: _____ Work or Cell phone _____ Emergency: _____

Parent or Guardian: _____

School Presently Attending: _____

In Case of Emergency Contact: _____ Phone: _____

Contact: _____ Phone: _____

Consent and Waiver

I hereby request that the student named above be accepted into the horseback riding program operated by Blue Ribbon Farms, Inc. I acknowledge Blue Ribbon Farms, Inc. Has fully explained the scope of the horseback riding program, including the potential for injury which can occur from riding, driving, or caring for horses. Because of the potential benefits of Blue Ribbon Farms, Inc.'s program, I hereby waive any claim which I or the student may have against Blue Ribbon Farm, Inc., it's Trustees, employees or volunteers arising out of any injury which the student may sustain while involved in the Blue Ribbon Farms, Inc. program.

Signature of Student, Parent or Guardian

Date