

# The Riding School at Casey Arabians, LLC

## Registration and Release Form

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Parents \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ zip \_\_\_\_\_

Phones: HM \_\_\_\_\_ Cell \_\_\_\_\_

Other phones? \_\_\_\_\_

Email address \_\_\_\_\_

Medical information? (allergic to bee stings etc.) \_\_\_\_\_

Permission to call 911? yes / no    Permission for \_\_\_\_\_

To be treated at the nearest hospital.    yes / no                      (Most likely parent will be nearby)

### **Assumption of Risk Waiver**

\_\_\_\_\_ has permission to participate in The Riding School horseback programs and, to my knowledge, is in excellent health. I relieve Ann Cofield, Laura Casey, Casey Arabians LLC, and the constituents thereof, of any liability in regards to injury or death through participation in the programs. I am aware of the dangers involved in horseback riding and that unanticipated and unexpected dangers may arise. I assume all risks of injury to my person/child/property that may be sustained as a result of this activity.

**WARNING! Under Georgia law, an equine activity sponsor of equine professional is not liable for an injury to or the death of a participant in equine activities resulting from inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code Of Georgia Annotated.**

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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