

Flappenstance Farm

470. 262. 7131 8191 Ball Ground Rd, Cumming GA 30028 beth@happenstance.farm

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

Contact

Parent information is required only for riders below 18 years.

Rider Full Name: _____ DOB: _____

Parent Full Name (for minors): _____

Please check ✓ which number we should use as your primary contact

Rider Cell _____ Parent Cell _____ Home _____

Parent 2 Cell _____ Work _____ Other _____

Rider Email: _____ Parent Email _____

Home Address: _____

Emergency Contact 1 Name/Phone/Role: _____

Emergency Contact 2 Name/Phone/Role: _____

Additional Contact Info? _____

Allergies/Meds/Conditions : _____

Primary Doctor Name/Phone: _____

Insurance Provider Name/Policy #/Phone: _____

Other Medical Information?: _____

Helmet Facts & Policy

Fact: A poor fitting helmet, including one with improper fastener adjustment, can CAUSE more damage during a fall than the fall itself.

Fact: Any ASTM, Safety-certified riding helmet, **when properly fitted by a professional and adjusted correctly**, will provide excellent protection regardless of price. A more expensive helmet might be more comfortable or may have a more desirable style, but it will not provide better protection.

Fact: Helmets should be replaced after any fall or if they have been dropped on a hard surface. They should also be replaced every 5 years to stay current with advances in safety technology. Shell integrity of any helmet over several years can be compromised due to day to day use and once cracked, will no longer absorb shock.

HSF Helmet Policy

- An ASTM, safety-certified riding helmet is required to mount, dismount or ride any horse at Happenstance Farm (HSF), or any other location where a rider is under Beth Collyer’s direct supervision.
- **Because we cannot guarantee to have a helmet which would fit every and any rider properly, HSF does not provide or “loan” helmets, riders must have their own.**
- We strongly recommend Atlanta Saddlery in Alpharetta (770-475-1967) for purchasing and fitting helmets due to their superb staff and customer service.
- **Helmets should be black, gray or possibly navy blue. NO baby blue, pink or purple helmets, no cartoon characters or other “artwork” please.**
- We recommend Ovation schooling helmets or Charles Owens show helmets, however one should purchase the helmet that fits perfectly, regardless of brand.

I have read and understand the above helmet facts and have read, understand and agree to comply with

HSF’s helmet policy. _____ (Parent /Rider Signature)

Liability Release

Please initial after each statement.

I, _____, hereby verify that the following statements are all true and factual to the best of my knowledge concerning Elizabeth R. Collyer DBA Happenstance Farm (“Farm”).

- My involvement and/or participation is voluntary, I am acting under my own free will. _____
- I understand that under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated. _____
- Elizabeth R. Collyer DBA Happenstance Farm, Charles Young, Travis Young, their families, employees, representatives and associates undertake no direct legal or financial responsibility for my personal safety or well being when I or accompanying minors participate in horse related activities. _____

- I forever release Elizabeth R. Collyer DBA Happenstance Farm, Charles Young, Travis Young and all related associates from any and all claims and causes of action that I or my representatives now have or may have in the future for personal injury, property damage or wrongful death occurring to me or accompanying minors arising out of my participation in horse related activities. _____
- I understand that horses are unpredictable creatures that can bite, kick, spook, buck, maim, and even kill. I understand that this can happen despite extensive proper training and that past behavior is not a reliable indicator of future action. _____
- I nor accompanying minors have any medical ailments, physical limitations or mental disabilities affecting our ability to participate in horse related activities including riding. _____
- I understand that equipment including helmets, bridles, saddles, stirrup leathers, girths, halters, lead ropes etc. can break or malfunction at any time causing injury or death. _____
- I understand that a properly fitted, ASTM safety-certified riding helmet is required to mount, dismount or ride any horse at Happenstance Farm or at any location where I or an accompanying minor are under the direct supervision of Beth Collyer, and that Farm does not provide or “loan” helmets. _____
- I am at least 18 years old, **OR** accompanied by a legal guardian. I am 100% liable for all medical expenses incurred as a result of any injury or property damage during my participation or that of an accompanying minor. _____
- In the event that any one or more of the provisions of this agreement shall be held to be invalid, illegal, unenforceable or in conflict with the law according to the jurisdiction of the state of Georgia, the remaining portions will not be invalidated, and shall remain in full force and effect. This is a legally binding contract, but it is not meant to pronounce any claims or defenses that are legally prohibited. _____

I have read and understand this entire document and agree to all above provisions.

Signature _____ Date _____

Authorization For Emergency Treatment

I, _____, hereby authorize any and all medical attention deemed necessary for myself or my child, _____ under the direction of this form’s bearer, in the event of an accident, injury, sickness, etc., or if I am unconscious or unable to communicate and after reasonable attempts to contact me or other emergency contacts listed above.

This release is effective until revoked by me and I hereby assume the responsibility for payment of such treatment.

Signature _____ Date _____