

## Tap Root Farm Equestrian Program/Barn Rules

PARTICIPANT NAME	AGE (if under 18)	WEIGHT Over 240?	HORSE RIDING EXPERIENCE
	2. Age _____ 3. DOB _____	4. Yes _____ No _____	5. ___ Beginner (under 10 hours) ___ Over 10 hours
6. Email address: _____			
7. Does participant have any physical or mental condition(s) that may affect his/her safety and ability to ride a horse?      YES      NO (circle one)			
8. If you circled "YES", how can we help this participant with his/her special needs?			
9. <u>MEDICAL INSURANCE</u> I/WE AGREE THAT: Should medical treatment be required, I and/or my medical insurance shall pay for <u>ALL</u> such incurred expenses > My medical insurance company is _____. My policy number is _____.			
<input type="checkbox"/> I do NOT carry medical insurance.			

1. PROTECTIVE HEADGEAR/HELMET POLICY: I understand and agree that Tap Root Farm requires that all riders must wear ASTM Standard F 1163 Protective Headgear/Helmets when around and on horses. Protective headgear/helmet provided by Tap Root Farm may not be of perfect fit for the participant's head, and that once provided I/WE will be responsible for securing the headgear/helmet on the participant's head at all times. I am not relying on Tap Root Farm and/or its associates to check any headgear/helmet or headgear/helmet strap that I may wear, or to monitor my compliance at any time now or in the future.
2. CARRY-ON or SHARP OBJECTS and LOUD NOISES WARNING: I/We acknowledge that: When approaching, mounting, and riding horses, I must not carry loose items that may fall or blow away or flap in the wind or bounce or make sharp or loud noises, as these actions of which may scare horses causing them to react in unsafe ways. Some Examples are: Cameras, cell phones, hats or coats not securely fastened, toys, purses. When near or riding a horse, participants must not make sharp or loud noises, such as whistling, screaming or yelling and must not run and play in the horse/barn area as these motions or sounds may scare horses causing them to react in unsafe ways
3. SADDLE GIRTH LOOSENING WARNING: I/We understand and acknowledge: Saddle girth s (fastener straps around the horse's belly) may loosen during riding. Riders must alert the nearest attendant of any girth looseness so action can be taken to avoid saddle slippage and the potential for the rider to fall from the horse.
4. Lesson Commitment: Lessons are a joint commitment of yours/your child's time to the Tap Root Farm Equestrian Program. We have lessons rain or shine due to the flexibility of teaching both in the barn and in the arena. We will not be outside when weather conditions are unsafe or unbearable. Please always bring your child to the lesson appropriately dressed. In winter, they should wear earmuffs, 1 or 2 pairs of gloves, 1 or 2 pairs of socks with riding boots, hoods that block the wind and can be worn under their helmet, several layers both on their legs and upper torso. In the summer, they must wear long pants and riding boots with socks.



## Tap Root Farm Equestrian Program Hold Harmless Release Form

The Undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury, death, and physical harm to rider, horse and spectator. In consideration, therefore, for the privilege of riding, working around horses, riding lessons, boarding, training, any horse related activities or visiting at **Tap Root Farm & Tap Root Too** located at **4104 Clovercroft Rd, Franklin, TN 37067**.

The Undersigned does hereby agree to voluntarily & knowingly hold harmless and indemnify **Tap Root Farm, Tap Root Too, SUSAN Ingraham-Balda**, owners, family members, employees, instructors, agents, heirs, executors, partners, administrators, representatives, successors, assigns, sponsors, volunteers, organizers, event helpers or assistants, contractors, executives, directors, and personnel associated with this equestrian program/event including but not limited to any claim against **Tap Root Farm, Tap Root Farm Too, Ingraham Family Limited Partnership**, its owners, partners, agents, assigns or successors (all the foregoing are hereinafter collectively referred to as "**Ingraham**") and further release them from any liability or responsibility for accident, damage, injury, death, or illness to the Undersigned or to any horse owned or leased by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises. This is to include any lessons, coaching at any trial event, trail ride, horse show or summer horse camp. When any trucking/hauling is done by **Tap Root Farm/Ingraham**, owner of horse will hold ALL insurance (injury, illness or death) on horse being transported by **Tap Root Farm/Ingraham**.

I, the undersigned, hereby voluntarily and knowingly release any and all claims against **Tap Root Farm/ Ingraham** from any and all liability or claims arising out of or in any way related to the **Tap Root Farm/Ingraham** and equine activities or presence at **Tap Root Farm or Tap Root Too**. I (we) also hereby release **Tap Root Farm/Ingraham** from any claim or loss to myself, employees, associates, horse(s), and or equipment.

**Under Tennessee law, an equine professional is not liable for injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee code annotated, title 44, chapter 20.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Gaurdian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*I (we) hereby authorize **INGRAHAM** to contact the above emergency contact person and follow his or her instructions. If my designated "Emergency Contact", cannot be reached, I hereby authorize **INGRAHAM** to use best judgment and take emergency measures to protect me.

**Emergency Contact Names & #s:**

\_\_\_\_\_  
**Name/Relationship/Phone #s**

\_\_\_\_\_  
**Name/Relationship/Phone #s**

\_\_\_\_\_  
**Primary Physician, Address, and Phone #**

\_\_\_\_\_  
**Emergency Hospital of choice-knowing that WMC is closest**

**Tap Root Farm Equestrian Program**

**PROTECTIVE EQUESTRIAN HEADGEAR  
AGREEMENT AND RELEASE**

(TO BE COMPLETED WHEN RIDER WEARS HELMET OFFERED BY THIS STABLE)

**PLEASE READ CAREFULLY BEFORE SIGNING**

PRINT NAME OF RIDER: \_\_\_\_\_

ADDRESS OF RIDER: \_\_\_\_\_

**Tap Root Farm** has offered and provided, at my request, an equestrian helmet that meets or exceeds SEI certification - ASTM F 1163 standards for use when riding or near horses.

I, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, release and discharge **Tap Root Farm** and their respective officers, directors, employees, agents, representatives, insurers, assigns, and others acting on their behalf, of and from all claims, demands, or causes of action, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of bodily injury or property damage that may be sustained, or property damage which may occur, as a result of the use of the helmet provided.

I also understand that neither **Tap Root Farm**, nor its employees can guarantee the suitability of any helmet provided.

**SIGNER STATEMENT OF AWARENESS**

I/WE, THE UNDERSIGNED, HAVE READ THE FOREGOING STATEMENT CAREFULLY BEFORE SIGNING AND DO UNDERSTAND ITS WARNINGS, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY.

\_\_\_\_\_  
SIGNATURE OF RIDER (SPOUSES MUST SIGN FOR THEMSELVES)      DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN      FOR \_\_\_\_\_      DATE \_\_\_\_\_  
NAME OF RIDER

OWNER'S NAME AND ADDRESS      Susan Ingraham, Tap Root Farm, 4104 Clovercroft Rd,  
Franklin, TN 37067      TELEPHONE: (615) 594-3210