



LEG UP EQUESTRIAN

Cathy Kodell – Director (704) 887-1123
8801 Collins Rd. | Fort Mill, SC 29707

Registration Date: _____

Student Registration & Medical Waiver (ADULT over 18)

Rider's Name: _____

Birthdate: _____ Age: _____

Full Name : _____

Mailing Address: _____

City, State, Zip: _____

hm phone: _____

Best # to receive TEXT msgs/class updates?

TEXT okay? | eMail _____

Y / N *please PRINT clearly!*

Spouse: _____ cell phone _____ TEXT okay? | eMail _____

Y / N *please PRINT clearly!*

other _____ cell phone _____ TEXT okay? | eMail _____

Y / N *please PRINT clearly!*

Primary

Emergency Contact _____ phone: _____ relation: _____

*Please indicate **any** medical, physical, or emotional conditions that may affect the student's participation in this program:*

Does the Student have any severe reactions to bee stings or insect bites? yes / no

Permission to treat and provide medical attention - Medical Waiver

I understand horseback riding and participation in this program can be a dangerous and risky activity. Accidents can occur which require medical attention and treatment. In consideration for participation in this program, I understand and willingly accept this risk, and agree to cover any out of pocket expenses, including insurance deductibles, for medical treatment. | _____

Signature _____ date: _____