

## Kearsarge Meadows, LLC

### Rider Skills Disclosure

This Rider Skills Disclosure is made and recorded on this day of \_\_\_\_\_, provided to Kimberley Edelmann of Kearsarge Meadows, LLC, of Warner, New Hampshire, hereinafter designated MANAGER, provided by \_\_\_\_\_ hereinafter designated RIDER. In recording this, Rider accepts the responsibility of providing MANAGER with accurate information about their equestrian skills and experience. If Rider is a minor, a parent or guardian accepts this responsibility.

<i>Skill or Experience</i>	<i>None</i>	<i>Low</i>	<i>Med</i>	<i>High</i>
Ability to groom & properly tack up a horse				
Ability to lunge a horse for purposes of warming up prior to riding				
Ability to mount a horse safely from the ground or mounting block unassisted				
Ability to navigate a horse at the walk & trot in an indoor arena				
Ability to navigate a horse at the walk & trot in an outdoor arena				
Ability to ride sitting trot with an independent seat				
Ability to ride the canter				
Ability to jump fences up to 2 feet high				
Ability to perform lateral movements in walk & trot				
Experience with trail riding on trails and hills				
Ability to ride bareback at walk & trot				

<i>Equestrian Experiences Questionnaire</i>	<i>Answer</i>
When did you first begin taking riding lessons?	
What equestrian disciplines have you competed in?	
If you have dressage experience, what is the highest level at which you have trained either on your own horses or on lesson horses?	
How many times have you fallen off or been bucked off a horse?	
When was the last time you fell off or were bucked off a horse?	

Please describe, in your own words, why riding horses is considered a dangerous activity.

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Please provide the following information in case of emergency. This information will be kept private and used solely in the case of an emergency occurring during the course of a lesson, employment, or a visit to Kearsarge Meadows by Rider.

<b>Information</b>	<b>Please Write Legibly</b>
Preferred medical doctor - Name & telephone number	
Known allergies to medicines	
Date of last Tetanus vaccination / booster	
Known medical conditions which may be triggered or encountered during lessons or visits to Kearsarge Meadows and recommended responses to same.	

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rider's Signature

\_\_\_\_\_  
Rider's Parent or Guardian (If Rider is a minor)

\_\_\_\_\_  
Rider's #1 Emergency Contact Name

\_\_\_\_\_  
Rider's #1 Emergency Contact Telephone Number

\_\_\_\_\_  
Rider's #1 Emergency Contact Name

\_\_\_\_\_  
Rider's #1 Emergency Contact Telephone Number