



Riding Lesson Enrollment

Rider's Name _____ **Date** _____

Street _____

City, State, Zip _____

Rider's Age _____ **Home Phone** _____

Cell Phone _____ **Email** _____

Every precaution will be taken but we cannot be responsible should an accident occur. I understand and agree Fairfield South and all its employees will not be responsible for any accident that may occur. I further agree to hold Fairfield South and its employees harmless and indemnify them against any legal proceedings or any liabilities from any such accident or loss.

Signature _____

(Parent/Guardian if minor)