

# Westminster

F A R M

6168 Watermelon Road  
Northport, AL 35475  
[www.westminsterfarm.com](http://www.westminsterfarm.com)  
205-799-2999

**Please read document carefully and do not sign unless you fully understand what you signing.**

**WARNING: Under Alabama law, an equine sponsor or professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risk of equine activities pursuant to the Equine Activities Liability Protection Act.....CODE OF ALABAMA X65-337 (1994)**

Rider's Name: \_\_\_\_\_

Street, City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Carrier & Number \_\_\_\_\_ DOB: \_\_\_\_\_

**If Under 18:**

Parent's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Release Hold Harmless Agreement**

Whereas, the UNDERSIGNED acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury or death from using, riding, or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use in competition and schooling.

In CONSIDERATION, thereof, for the privilege of riding and/or working around horses at Westminster Farm (aka Paramore Farms, Inc., PFI), the undersigned does hereby agree to hold harmless Westminster Farm (PFI) and agrees to further release Westminster Farm (PFI) from any liability or responsibility for accident, damage, injury, or illness to the UNDERSIGNED or any horse owned by the UNDERSIGNED or any family member or spectator accompanying the UNDERSIGNED on the premises of Westminster Farm (PFI).

The UNDERSIGNED acknowledges and accepts the provisions of the Alabama Equine Activities Liability Protection Act which protects equine activity sponsors or professionals from all liability for any injury or death of a participant in equine activities resulting from the inherent risk of equine activities.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Authorization**

In the event that the above-named rider requires emergency medical treatment for any accident, injury, or illness which may occur in connection with any activities at Westminster Farm (PFI), its agents, and/or representatives are hereby given full authority to provide all such necessary emergency medical treatment for the above-named rider.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Care Physician Name/ Number: \_\_\_\_\_

Dentist Name and Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_