



# Jubilee Riding Academy

6402 N. Market  
Shreveport, LA 71107  
318-929-7387

Student's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Parent or Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Cell #: \_\_\_\_\_

### RIDING OPTIONS:

Student will use a Jubilee Riding Academy horse/pony for lessons.

I understand that school horses will be assigned by our instructor according to ability and availability.

We need this info to assign horses: Rider's height \_\_\_\_\_ Rider's weight \_\_\_\_\_

Student plans to bring a horse/pony. If yes then:

Please attach a copy of horse's current negative Coggins to this form.

Breed: \_\_\_\_\_  Mare  Gelding (No Stallions Allowed)

Horse's name: \_\_\_\_\_ Horse's Age: \_\_\_\_\_ Horse's Height: \_\_\_\_\_

Horse's experience \_\_\_\_\_

Student plans to bring own ASTM-SEI helmet. OR  Student needs to use our ASTM-SEI helmet.

By your signature, you agree as follows: "I hereby hold harmless the trainers, organizers, judges, and officials of Jubilee Riding Academy, their officers, agents and employees, and the host and property owners from all liability for accidents, damage, injury or illness to horses, owners, riders, employees, attendants, spectators, or any person or property damage suffered during or in connection with this riding program. THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF LOUISIANA. WARNING: UNDER LOUISIANA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO R.S. 9:2795.1.1

I also give permission for my and/or my child(ren)'s photo and/or testimony to be used to promote Jubilee Riding Academy/Jubilee Zoo." An ASTM/SEI-approved HELMET and proper riding footwear is required at all times when mounted -- no exceptions! No vet or farrier on premises; riders assume all risks.

Signature (parent or guardian if rider is under 18):

\_\_\_\_\_ Date: \_\_\_\_\_

Is student in good health and able to participate in all activities? \_\_\_Yes \_\_\_No (please elaborate):

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Does student have any allergies, medical diagnosis, special needs or requirements (i.e., ADD, ADHD)?

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Does student have a preferred riding style? ( ) Western ( ) English

Has student ( ) in the past, or does student ( ) currently, own or lease a horse? ( ) Yes ( ) No

Has student ever taken riding lessons? ( ) Yes ( ) No

If so, when, where and what style of riding?

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What kind of rider do you consider student to be? ( ) Beginner ( ) Intermediate ( ) Expert

List any riding achievements student may have obtained (show awards, certifications, etc.)

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What are your goals with the Jubilee Riding Academy program? (check all that may apply)

( ) Just for fun ( ) Responsible horse ownership ( ) Horse show aspirations

( ) Horse trainer/career aspirations ( ) I'm going to be an Olympic rider one day!

( ) Other \_\_\_\_\_

Is student interested in learning any certain disciplines? (please elaborate)

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What would student like to gain from this lesson program?

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Additional Comments:

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It is generally expected that a parent/guardian stay with a minor student during lessons. If it is not expedient for certain lessons or for times during lessons, well-behaved minor students may be left in the sole care of Jubilee Riding Academy during their scheduled lesson time. In any case, Jubilee Riding Academy must have on file the Jubilee Riding Academy Medical Authorization form before any lesson may commence.



# Jubilee Riding Academy

## Medical Authorization

WITNESS THIS AGREEMENT AND AUTHORIZATION by and between Jubilee Riding Academy and \_\_\_\_\_, hereinafter referred to as "Parent."

NAME OF CHILD: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

Jubilee Riding Academy is hereby authorized to obtain any and all medical treatment Jubilee Riding Academy deems reasonably necessary for minor child and/or children. As parent or guardian of the above named child, please attempt to contact me at the time of the accident or illness without postponing medical treatment.

OTHER INSTRUCTIONS:

\_\_\_\_\_

PARENT'S HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PRIMARY HEALTHCARE PROVIDER: \_\_\_\_\_

HEALTH INSURANCE CARRIER: \_\_\_\_\_

PLAN OR IDENTIFICATION #: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I agree to bear any cost connected therewith and shall pay promptly upon billing by the health care provider. Jubilee Riding Academy shall incur no financial liability for medical treatment obtained pursuant to this authorization. In consideration of my/my child's participation in any mounted or unmounted activity at Jubilee Riding Academy, and the inherent risks of equine activity that may result in injury/harm requiring emergency medical treatment, I authorize Jubilee Riding Academy, its successors or assigns, officials, officers, directors, employees, agents and/or volunteers to obtain and release to any independent instructors and to any first aid and safety personnel, medical professionals, and treating medical facility, any information regarding my/my child's medical history, symptoms, treatment, exam results and/or diagnosis.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_