

**GWYN MEADOWS FARM, LLC**  
**APPLICATION FOR HORSEBACK RIDING AND**  
**RELEASES OF CLAIMS**

Rider's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parents (If a minor): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Previous Riding Experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies or Medical Problems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person to call in the event of an emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

In consideration of the acceptance of my application for horseback riding activities at Gwyn Meadows Farm, LLC, 2064 Shearer Road, Lansdale, PA 19446, I, the undersigned, for myself, my heirs, executors, administrators and assigns, hereby waive and release any and all claims for damages, for death, personal injury, loss of property or property damage I may have, or that may subsequently accrue to me, or to my heirs, executors, administrators or assigns, as a result of my participation in horseback riding and any and all related activities at Gwyn Meadows Farm, LLC and elsewhere. I acknowledge the horseback riding carries with it associated dangers. My participation is voluntary and done at my own risk. I voluntarily assume all risks of loss, damage or injury that may be sustained while I am participating in horseback riding and related activities at Gwyn Meadows Farm, LLC and in connection with any event or activity in which Gwyn Meadows Farm, LLC is involved, whether at its premises in Lansdale or elsewhere.

I attest that I am physically fit and sufficiently trained and/or trainable for horseback riding activities. I do not rely on any descriptions of the said activities which have been or may be offered to me by Gwyn Meadows Farm, LLC whether written or oral. I agree that medical or other services rendered to me by, or at the instance of, any of the persons or entities mentioned above, is not an admission of liability to provide or to continue to provide any such services, and is not a waiver by any of the persons or entities mentioned above any right under this waiver and release.

I further understand that accidents occasionally occur during horseback riding activities, and that participants in horseback riding occasionally sustain mortal or serious injuries or property damage as a consequence of such participation. I understand that wearing a helmet can prevent serious injury. Knowing the risks of horseback riding, I nevertheless agree to assume those risks and to release and hold harmless Gwyn Meadows Farm, LLC, its officers, agents, servants, and employees, and third person lawfully on the premises of Gwyn Meadows Farm, LLC, who, through negligence or carelessness or otherwise, might be liable to me or my heirs, personal representatives or assigns, for damages. I agree to accept and abide by the rules and regulations of Gwyn Meadows Farm, LLC, and to obey the directions of Gwyn Meadows Farm, LLC and its employees.

I have read and understand everything written above and I voluntarily sign this waiver and release. Helmets must be worn by all riders at Gwyn Meadows Farm, LLC.

If the applicant is under 18 years of age, the signature of a parent or guardian of the applicant is required.

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Applicant

### **Agreement and Consent of Parent or Guardian of Minor**

I, as parent or guardian of the above applicant, represent to Gwyn Meadows Farm, LLC that the facts of this document concerning my child or ward are true. I give my permission for my child or ward to participate in riding activities at Gwyn Meadows Farm, LLC, 2064 Shearer Road, Lansdale, PA 19446 or in other events or activities sanctioned by Gwyn Meadows Farm, LLC, and further, in consideration of the permission given to the minor applicant, I AGREE INDIVIDUALLY AND ON BEHALF OF MY CHILD OR WARD TO THE TERMS OF THE ABOVE AGREEMENT AND RELEASE OF LIABILITY.

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

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Parent or Guardian