



Sarah Seidman
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RELEASE FORM

Your signature below shall constitute an agreement and affirmation that you and/or your child are participating in the riding program at Pease Farm Stable LLC voluntarily, fully aware that horse sports, horseback riding and associated activities involve inherent dangerous risk. By boarding, or by riding at Pease Farm Stable LLC, you and/or your child expressly assume all risks of injury or loss, and you and/or your child agree to hold Pease Farm Stable LLC, Sarah Seidman and family, Vermont Horse-Assisted Therapeutic Riding, Inc. (VHAT) and agents harmless of any injury or loss suffered during or in connection with horse sports, horseback riding and stable management at Pease Farm Stable LLC.

_____ Rider's name _____
Date _____

_____ Signature of Rider (if 18) or Parent

Phone # _____

Email Address _____

Address _____

My doctor is _____ (name and phone #)

Are there medications, limitations or physical conditions (asthma, disabilities, old injuries) that instructors at Pease Farm Stable LLC should be aware of?

This release form shall also constitute permission to treat by emergency physicians at Central Vermont Medical Center.