

New Client Form 2016

Name _____

Parent or Guardian if Rider is a Minor: _____

Age of Minor: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Bill To

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

In Case of an Emergency

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Does Client Have Any Known Allergies?

If So Please List: _____

Please Print Clearly

- | | |
|---|--------------------------|
| 1) <u>Rockmount Equestrian Corp.</u>
Waiver and Release, Assumption of Risk and Authorization Form | <input type="checkbox"/> |
| 2) <u>Vertical Limit Stables</u>
Release of Liability Parent Minor Form | <input type="checkbox"/> |
| 3) <u>Copy of Medical Insurance</u>
Please Provide a Copy of Medical Insurance | <input type="checkbox"/> |