

Horse Practicum Registration

Fall 2021

Rider Information

Rider Name: _____ Height: _____

Local Address: _____ Weight: _____

Home Address: _____

Email: _____ Phone: _____

Semester standing: Freshman Sophomore Junior Senior Other: _____

Lesson Information

Previous Riding

Experience: _____

Tryout and Trail Test (required for team members and trail) N/A

Equestrian Team Dressage Team Western Team Polo Team Drill Team Trail

Practicum Level N/A

English Beginner Advanced Beginner Intermediate Intermediate II Advanced

Dressage Intro Dressage Training Level Dressage First Level Western Beginner

Western Intermediate Western Advanced Polo

Lesson Day and Time Request (a doodle poll will be sent on September 3rd): _____

Emergency Contact Information (emergency contact will be contacted for all accidents):

1. (Contact First) Name: _____ Relationship: _____

Phone Number: _____ Alt. # _____

2. (Contact Second) Name: _____ Relationship: _____

Phone Number: _____ Alt. # _____

Additional information you would want Emergency Medical Personnel to know:

In case of emergency, the ambulance will take you to the nearest or first available hospital, in most cases this is Windham Hospital in Willimantic, CT. If it is possible, do you have an alternative hospital preference?

I acknowledge that I have read and signed the required Acknowledgement/Consent form, have read and agree to abide by the UConn Horse Barn Safety Rules and Regulations, Barn Rules, Bio-Security Rules and documents and Current Covid Rules and understand that NO REFUNDS are provided.

Rider Signature: _____



**RIDING PROGRAM
ACKNOWLEDGEMENT / CONSENT FORM
FALL 2021**

HORSE RIDING PROGRAMS

The Department of Animal Science offers horseback riding programs and related workshops and clinics for those interested in Trail riding, Equestrian, Western, Dressage, Interscholastic Equestrian Team (IEA) based at UConn or Polo lessons, and Drill Team.

Horse Riding Risk. Programs of this sort involve risk of personal injury, including, but not limited to, bruises, broken bones, head injuries and death. All normal safety precautions are taken to protect our participants, but occasionally accidents do happen. Horses may, without warning or apparent cause, buck, rear, stumble, fall, spook or make unanticipated movements, jump obstacles in their path, bite, kick, step on a person's foot, or push or shove a person, and saddles or bridles may loosen or break, all of which may result in injury. We further note that if you are pregnant or immunocompromised you may be at a greater risk of injury and/or of contracting possible zoonotic agents due to your proximity to animals and should consult your health care provider before undertaking equestrian activities. The University does not provide insurance to program participants. We strongly suggest that if you are interested in these programs, you should confirm coverage under your own private insurance plan.

Weight Restrictions. Each horse is restricted in the amount of weight it may carry. The weight restriction is based on several factors, but the most important is rider's weight. Too much weight can cause rub-sores from the saddle, strained muscles, and pinched nerves. Permanent damage such as a "sway back" or deteriorated muscle function can also occur over time. It is important to be as accurate as possible when submitting your height and weight so that you can be matched with the appropriate horse. None of the horses currently available for horseback riding are capable of carrying a rider who weighs more than 225lbs. On any given day, it is possible that a horse will not be available for you to ride because of weight limitations (examples include: (1) the only horse capable of carrying a rider who weighs 200lbs is being monitored for injury and will not be available for riding for at least a week and (2) three riders, each weighing 185lbs, are scheduled for a riding program on the same day but only two horses are available to carry such weight.) In the event a horse is not available for you to ride on a particular day, we will try to provide you with advance notice and will provide a refund for each day a horse is unavailable for you to ride. For additional information regarding weight restrictions please contact: Alena Meacham alena.meacham@uconn.edu .

RIDER'S NAME: _____

Emergency Contact Information:

1. (Contact First) Name: _____ Relationship: _____

Phone: _____ Alt. #: _____

2. (Contact Second) Name: _____ Relationship: _____

Phone: _____ Alt. #: _____

Additional information you would want Emergency Medical Personnel to know:

In case of emergency, the ambulance will take you to the nearest or first available hospital, in most cases this is Windham Hospital in Willimantic, CT. If it is possible, do you have an alternative hospital preference?

Please Check Off the Program You Are Enrolled In:

- | | |
|---|--|
| <input type="checkbox"/> ANSC/SAAS Riding Course: _____ | <input type="checkbox"/> Polo |
| <input type="checkbox"/> Clinic Title: _____ | <input type="checkbox"/> Trail |
| <input type="checkbox"/> Dressage | <input type="checkbox"/> Western |
| <input type="checkbox"/> Drill | <input type="checkbox"/> Workshop Title: _____ |
| <input type="checkbox"/> Hunt Seat | |

For riders under 18 years of age:

I give my consent for _____, my (son) (daughter) (ward) (“RIDER”), to participate in the above mentioned riding programs and/or workshop. I have read the information provided above, understand that equestrian activities carry inherent risks, and understand that pursuant to Section 52-557p of the Connecticut General Statutes, persons engaged in recreational equestrian activities assume the risk and legal responsibility for injuries to their persons or property arising out of the hazards inherent in such activities. I acknowledge and understand that if my (son) (daughter) or (ward) is a member of the IEA team, members may be transported to and from events in vehicles owned and operated by the University of Connecticut. I acknowledge that there are specific risks of injury to person and/or property that are associated with such transportation, and hereby agree to hold the University harmless from any liability arising out of the acts or omissions of participant during any such trip, subject to any limitations or restrictions against such indemnification that are imposed by law.

I further attest that I am at least eighteen (18) years of age and fully authorized and competent to sign this acknowledgment and permission on behalf of the above-named RIDER.

DATE: _____ NAME (print): _____

SIGNATURE: _____

OR

For riders 18 years of age or older:

I have read the information provided above, understand that equestrian activities carry inherent risks, and understand that pursuant to Section 52-557p of the General Statutes, persons engaged in recreational equestrian activities assume the risk and legal responsibility for injuries to their persons or property arising out of the hazards inherent in such activities. I acknowledge and understand if I am a member of the IEA team, I may be transported to and from events in vehicles owned and operated by the University of Connecticut. I acknowledge that there are specific risks of injury to person and/or property that are associated with such transportation, and hereby agree to hold the University harmless from any liability arising out of the acts or omissions of participant during any such trip, subject to any limitations or restrictions against such indemnification that are imposed by law.

I attest that I am at least eighteen (18) years of age and fully competent to sign this acknowledgement.

DATE: _____ NAME (print): _____

SIGNATURE: _____