



1275 State Road, Lincoln University, PA 19352

Driver Consent for Minors

This form must be completed by and for each participant.

Premises owners name are Roger Riale Jr and Kimberly Riale herein after known as Paradox Country Farm LLC

PLEASE READ CAREFULLY BEFORE SIGNING

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE I, the following individual hereinafter known as the "RIDER", and the parents or legal guardians thereof if a minor, do hereby voluntarily request that the RIDER be able to drive themselves to Paradox Country Farm LLC without a parent/guardian present.

RIDER NAME & AGE: _____

B. NO PARENT/GUARDIAN DIRECTLY ON PROPERTY – This agreement is stating that the RIDER has a legal Driver's License without limitations. If there are limitations, please specify below and the date these limitations are lifted. RIDER will be driving themselves to lessons each week. Paradox Country Farm LLC is not liable to incidences occurred while driving to the property and/or any weather or nature related incidents that may occur.

Limitations: _____

C. AVAILABILITY OF AN ADULT AT TIME OF LESSON - An adult will be available to come pick up RIDER if Paradox Country Farm LLC staff feels it is not safe for RIDER to drive home. Emergency Contacts will be called first in case of an emergency, unless life threatening. If no one answers, an ambulance will be called if injuries have occurred.

Please provide 2 Emergency Contacts below:

Emergency Contact #1:

Name: _____ Relationship to RIDER: _____

Phone Number: _____ or _____

Emergency Contact #2:

Name: _____ Relationship to RIDER: _____

Phone Number: _____ or _____

D. CONSENT TO CALL EMERGENCY AGENCY- By signing this consent, you allow Paradox Country Farm LLC to call an ambulance if they feel it is warranted, whether an Emergency Contact Number listed above was reached or not.

E. RIDER MAY NOT RIDE ALONE WITHOUT SUPERVISION - RIDER will lose privileges to ride at Paradox Country Farm LLC, if found to be on the property by themselves, under the age of 18 years old.

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT ARE TRUE AND ACCURATE.

We understand that we are acting under PENNSYLVANIA EQUINE LAW which states: "You assume the risk of equine activities pursuant to Pennsylvania Law."

SIGNATURE OF PARENT, or GUARDIAN for _____ (Rider's Name, Please print)

DATE _____