

If you do not now or have never owned a horse, please tell us about your horse experience

Have you taken lessons _____ For how long _____

Type of lesson _____ When & where were lessons taken _____

Are you comfortable around horses? YES or NO If NO explain why you are not comfortable

Have you done any horse training? (please explain) _____

Have you attended horse training clinics? If so, which trainers? _____

Name: _____ Date: _____

Please Print

Signature: _____

Guardian if under 18 years old

Medical Questionnaire

Please fill out and return with your application

First Name

Middle Initial

Last Name

DOB: _____ Height: _____ Weight: _____

General Fitness: Good _____ Fair _____ Poor _____

List any health problems or conditions (for example: pregnancy, seizures, physical or mental limitations) that may limit your participation in our activities: _____

List any allergies to medicine: _____

List any allergies to foods or plants: _____

List any heart problems: _____

List any medications required: _____

Are you a smoker: YES or NO

*We recommend a current tetanus shot

*Some medical conditions may require a doctor's release

Passionate Horsemanship reserves the right to limit certain activities or turn down or send home individuals who do not accurately portray their abilities, health conditions, or purpose for participation if such individuals are considered by Passionate Horsemanship to be a risk to themselves, to others, or to horses, or a significant hindrance.

Our emphasis at Passionate Horsemanship is on safety. We stress safety in all aspects of work and horse handling.