



GUEST RIDER FORM

HORSE OWNER:

Horse Owner Name: _____ Horse Name: _____

GUEST RIDER:

Guest Rider Name: _____ E-mail: _____

Address: _____ City/State/Zip: _____

Telephone: (C) _____ (H) _____

Start Date: _____ End Date: _____

Is the guest rider a family member of the horse owner or a current paying member of Bluebird Equestrian?
___yes ___no Relationship: _____

Is there a contractual relationship between the horse owner and guest rider? ___yes ___no

Has the \$20 monthly Facility Use and Liability Fee been paid to enable the guest rider use of the premises?
___yes ___no (If "no" the Fee will be billed to the Boarder at the end of the month)

Guest Rider must also sign the Liability waver prior to riding.

Guest Rider must review and sign the Bluebird Equestrian Stable Rules before riding.

HORSE OWNER: In signing this form, I understand that Bluebird Equestrian is in no way responsible or liable for damages inflicted on my horse by guest riders which I assign. I further understand that my benefits as a boarder in this facility are non-transferable to riders who are not in my family without payment of a Facility Use and Liability Fee, which may be invoiced to me by Bluebird Equestrian.

HORSE OWNER SIGNATURE: _____ **DATE:** _____

GUEST RIDER: In signing this form, I understand that Bluebird Equestrian is in no way responsible for damages or injuries while I am using Bluebird Equestrian facilities. I further understand that my benefits as a guest rider in this facility are non-transferable.

GUEST RIDER SIGNATURE: _____ **DATE:** _____