



*Lauren Barwick*  
4-Star Senior Instructor



**Bridging the Gap Farm**

2950 NW 137th Place, Reddick FL 32686 • (352) 895-4048 • barwicklauren@gmail.com

**INFORMATION FORM**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you wish to be contacted via text message on your phone? Yes No

Emergency Contact Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

What are your horse related goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any health concerns or issues we need to be aware of? Yes No

(If yes, please explain here): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments/Suggestions/Questions/Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AGREEMENT AND LIABILITY RELEASE**  
**Lauren Barwick 4 Star Senior Licensed Parelli Professional**



I, \_\_\_\_\_ acknowledge that I have voluntarily applied to attend or participate in an instruction and training Lesson and/or Clinic in the training, selection, care, handling and riding of horses (hereinafter referred to as “Clinic”) with Lauren Barwick Licensed Parelli Professional.

**I AM AWARE THAT ACTIVITIES INVOLVING HORSES CAN BE A HAZARDOUS ACTIVITY AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED, HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF PERSONAL INJURY OR DEATH OR PROPERTY DAMAGE, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_**

I agree that: in consideration of Lauren Barwick Licensed Parelli Professional allowing me, my child, my horse or legal ward’s participation in any Lauren Barwick Licensed Parelli Professional related activity, equine or not, I, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge Lauren Barwick Licensed Parelli Professional, its owners, agents, employees, officers, directors, and others acting on its behalf (hereinafter collectively referred to as “associates”), of and from all claims, demands, causes of action, and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to Lauren Barwick Licensed Parelli Professional and/or its associates ordinary negligence; and I do further agree that I shall not bring any claims, demands, legal actions and causes of action, against Lauren Barwick Licensed Parelli Professional and its associates as stated above in this clause, for any economic and non-economic loss due to bodily injury, death, property damage, sustained by me and/or my minor child and/or legal ward in relation to the promises and operations of Lauren Barwick Parelli Licensed Professional, to include, but not limited to riding, handling, or otherwise being near horses owned by or in the care, custody and control of Lauren Barwick Licensed Parelli Professional.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MY SELF AND LAUREN BARWICK LICENSED PARELLI PROFESSIONAL, THE SPONSOR, AND/OR ANY OF THEIR AGENTS, EMPLOYEES OR AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL. I AGREE THAT THIS AGREEMENT SHALL BIND ME, MY LEGAL REPRESENTATIVES, DISTRIBUTEES, GUARDIANS, ASSIGNS, HEIRS, AND NEXT OF KIN AND THAT IT MAY BE PLEADED IN BAR TO ANY LEGAL ACTION COMMENCED IN ANY COURT CONTRARY TO THE TERMS HEREOF.**

Executed at \_\_\_\_\_, on \_\_\_\_\_.  
Location Date

RELEASOR SIGNATURE: \_\_\_\_\_.

**I CERTIFY THAT \_\_\_\_\_ ACKNOWLEDGED IN MY PRESENCE THAT HE OR SHE HAS READ AND FULLY UNDERSTOOD THE MEANING AND CONSEQUENCES OF THE FOREGOING RELEASE, AND SIGNED IT IN MY PRESENCE.**

WITNESS SIGNATURE: \_\_\_\_\_

Lauren Barwick 4 Star Senior Licensed Parelli Professional



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**PHOTO RELEASE AND WAIVER**

Lauren Barwick dba Bridging the Gap Farm

I hereby authorize Lauren Barwick to (i) take my photograph (“Photograph”) at the premises occupied by Lauren Barwick, (ii) develop and reproduce the Photograph, by any reproduction procedure now or at any time in the future, and (iii) distribute, publish, or otherwise use the Photograph in any advertisement, promotional materials or display at any time at any location and through any printed, filmed, computerized, digitized, electronic or other media.

I hereby irrevocably and unconditionally release, waive, acquit and forever discharge Lauren Barwick, members, governors, managers, officers, employees, independent contractors, agents, successors and assigns from an and all manner of actions, suites, claims, damages, levies, demands or liabilities, liquidated or unliquidated, fixed, contingent, direct or indirect, which I, my successors or assigns, ever had, have or ever can, shall or may have or claim to have against Lauren Barwick arising out of or relating to the Photograph.

By signing this Agreement, I state that this Agreement has been read by me and is voluntarily accepted by me and that I understand and fully agree to each, all and every provision and acknowledge receipt of a copy of this Agreement.

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Signature of Client

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Name of Client (please print)

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Signature of Parent or Guardian  
(if client is under 18 years of age)

Date: \_\_\_\_\_



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## ADULT HELMET DISCLOSURE

It is statistically clear that there are certain inherent dangers associated with horseback riding. One of those dangers is the risk of suffering serious head injury should the rider fall or be thrown from his/her horse.

I, \_\_\_\_\_, being fully aware of the risk of serious head injury, choose of my own free will, **NOT** to wear a safety riding helmet.

RIDER

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_