



Painted Bar Stables

GUEST RIDER FORM

HORSE OWNER

Horse Owner Name: Horse Name:

GUEST RIDER

Guest Rider Name: Email:

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 Painted Bar Stables? Yes No

Relationship :

Is there a contractual relationship between the horse owner and guest rider? Yes No

Has a \$20 monthly Facility Use and Liability Fee been paid to enable the guest rider use of the premises? Yes No

Will the guest rider be participating in the volunteer program (2 shifts per month) for use of the premises? Yes No
if yes, please have them fill out the volunteer agreement

HORSE OWNER: In signing this form, I understand that Painted Bar Stables 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 Painted Bar Stables.

HORSE OWNER SIGNATURE:DATE:

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

HORSE OWNER SIGNATURE:DATE:

