

# NEW YORK CITY RIDING ACADEMY

Academy Administrative Office Location  
P.O. Box 690517  
East Elmhurst, New York 11369

Academy Manhattan Location  
One Randall's Island Park  
New York, New York 10035

TELEPHONE (212) 860-2986

## NEW YORK CITY RIDING ACADEMY 2025 STUDENT APPLICATION

Please complete this student application and return it to the Academy Director at [info@nycridingacademy.org](mailto:info@nycridingacademy.org) for processing.

**Student's Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

(Check one)

**Level of Riding:** **Beginner**      **Intermediate**      **Advanced**      **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Parent/Guardian** (provide if student is less than 18) \_\_\_\_\_ **Returning Rider?** **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

### STUDENT HORSEBACK RIDING LESSON PREFERENCE

30 minute lessons (4 lessons minimum)

List dates and times for the horseback riding lessons you are requesting

Month	Week 1	Week 2	Week 3	Week 4	Number	Time
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April

May

June

July

August

September

October

**TOTAL NUMBER OF LESSONS REQUESTED:** \_\_\_\_\_

**Type of Lessons:**    **English**      **Tacking**      **Grooming**      **Horse care**      **Barn Management**

**List any special medical conditions:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Print Guardian's Name:** \_\_\_\_\_

**Guardian's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

NEW YORK CITY RIDING ACADEMY

Administrative Office Address:

P.O. Box 690517
East Elmhurst, NY 11369

Telephone: (212) 860-2916

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One Randall's Island Park
New York, NY 10035

Release of Liability Form

The Academy's Release of Liability Form must be read and signed by the applicant or participant to take part in any Academy horseback riding lesson, event, or activity at the New York City Riding Academy.

Please Print:

Participant's Name: Age: Date of Birth: Sex:

- 1. In consideration of being allowed to participate in any way in the sports and activities of horseback riding at the New York City Riding Academy...
2. The risk of injury from the activities involved in horseback riding and/or being at the New York City Riding Academy is significant...
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below and assume full responsibility for my participation.
4. I, for myself and on behalf of my heirs, successors, and assigns, HEREBY RELEASE AND HOLD HARMLESS the NEW YORK CITY RIDING ACADEMY...
5. All activities, including photographic, audiovisual, and written materials related to participants, may be used by the New York City Riding Academy in any way it deems appropriate.
6. I understand and agree that this Release of Liability Agreement and participant's insurance covers each and every horseback riding event in which I participate today or hereafter.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY.

NO ORAL REPRESENTATIONS HAVE BEEN MADE TO INDUCE ME TO SIGN THIS FORM.

Participant's Signature: Age: Date: Telephone:

Address: City/State: Zip:

FOR MINOR PARTICIPANTS (Under age 18 at the time of registration):

This is to certify that I am the parent/guardian with legal responsibility for this participant, and I do consent and agree not only to the participant's release of the New York City Riding Academy and all other Releases, but I also agree to release the Releases and indemnify and hold them harmless as set forth in paragraph 3 above from any and all liabilities, costs, damages, or expenses (including legal fees) arising in any way out of the participant's involvement in horseback riding activities or presence at the New York City Riding Academy. I hereby bind myself, my heirs, successors, and assigns. NO ORAL REPRESENTATIONS OR EXCEPTIONS HAVE BEEN MADE TO INDUCE ME TO SIGN THIS FORM.

Parent/Guardian Signature: Sex: Age: Date:

Email: Home Telephone: Cell Phone: