

Equestrian Supplemental

Club Name: _____

1. Are Equestrian Operations Managed in house Subcontracted If Subcontracted name of subcontractor: _____
2. Are the horses owned? If Yes, how many Yes No
3. Is personnel Employed by club Independent Contractor
If independent contractor are they required to provide proof of general liability insurance? Yes No
4. What services are available: (check all that apply)
- | | | | |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Boarding- # | <input type="checkbox"/> Grooming | <input type="checkbox"/> Fairer | <input type="checkbox"/> Feed |
| <input type="checkbox"/> Vet Services | <input type="checkbox"/> Riding Instructions | <input type="checkbox"/> Trail Rides | - <input type="checkbox"/> Guided or <input type="checkbox"/> Unguided |
| <input type="checkbox"/> Other - Specify _____ | | | |

5. Total square feed of riding rings?

6. Are there sponsored Equestrian Events?- If yes, attach schedule of annual events	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Trail Ride Questions

7. Are guests required to sign a waiver and release of Liability form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do trail rides require 6 rider to 1 guide ratio if the gait is a trot or slower	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do trail rides require 4 rider to 1 guide ratio is the gait exceeds a trot?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is there a minimum age for participants ? If so, specify?	
11. Is protective headgear provided to all?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. What is the number of years experience required of instructors?	
13. Is there an inspection and maintenance program for all riding equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are trail guides required to take 2 way radios or cell phones on each ride?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is there an emergency response plan in place for on t rail incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Signature _____

Date _____