



Officer/Participant Profile and Release Form

MOUNTED DIVISION

Completed form must be sent to:

Geiser Equine, Inc. 16521 NW 120th Avenue Rd. Reddick, Fl. 32686-2402
Telephone 1-352-591-5322 e-mail: geisequine@aol.com web: www.GeiserEquine.com

Name _____ DOB ____ / ____ / ____ SSN ____ - ____ - ____
(Please Print)

Home Address _____

City _____ State _____ Zip _____

Home Telephone (____) _____ Dept. # (____) _____

Department or Agency: _____

Address _____ City _____ State _____ Zip _____

Unit Supervisor _____ Telephone (____) _____

Unit Telephone (____) _____ Unit Fax Number(____) _____

e-mail address _____

Is the unit Full Time _____ Part Time _____ Volunteer _____ Number of Officers _____

Personal Information:

Mounted Police Training is an actively physical type of training, involving many hours in the saddle as well as arrest and defensive techniques. For this reason you should feel confident in your physical condition to benefit all that you can from these courses.

1. Do you currently meet your department or agency physical requirements? Yes _____ NO _____
(If you answered No Please Briefly Explain _____

2. Personal/Department Health Insurance Co. _____ # _____

3. Who to contact in the event of an emergency _____ Phone # (____) _____

4. Is the horse you will be riding Personally Owned? _____ or Department Owned? _____

5. What is your riding experience in years? _____ Type of Discipline? English _____ Western _____

6. What Mounted Police Training or courses have you received in the past? _____

RELEASE FORM

IN CONSIDERATION OF BEING ALLOWED TO ENROLL IN THE TRAINING COURSE OFFERED BY GEISER EQUINE, INC. I, (Participant), HEREBY PERSONALLY ASSUME ALL RISKS IN CONNECTION WITH THE TRAINING, AND I FURTHER RELEASE THE INSTRUCTORS, PROGRAM, AGENTS, AND OPERATORS, INCLUDING BUT NOT LIMITED TO THE PERSONS MENTIONED, FOR ANY INJURY OR DAMAGE WHICH MAY BEFALL ME WHILE I AM ENROLLED IN SUCH TRAINING, INCLUDING ALL RISKS IN CONNECTION THEREWITH, WHETHER FORESEEN OR UNFORSEEN; AND I FURTHER AGREE TO SAVE ME, OR MY FAMILY, ESTATE HEIRS OR ASSIGNS ARISING OUT OF MY ENROLLMENT AND PARTICIPATION IN THIS TRAINING.

Dated this the _____ day of _____, 2009

Participant