

Hunting Horn Stables

Thank You for choosing the Hunting Horn Stables riding lesson program. Found inside this packet are all the forms necessary for you or your child to participate in our activities. Please fill out all information and all pages included in this packet and return them to the office before the start of the first lesson.

Name of Student: _____ **DOB:** _____

Address: _____ **List All Applicable Telephone**
Numbers: _____

Email

Address: _____

Emergency Contact Name: _____ **Telephone**
Number: _____

Lesson Day and Time Requested: _____

Please list any Allergies and if you or your child have any special needs:

Medical Insurance Information

Insurance Carriers Name:

Main Policy Holders Name:

Policy Number:

Hunting Horn Stables Lesson Agreement

This contract made this day of _____, 201 between Hunting Horn Stables and _____ (now referred to as "student/client"). This contract will remain binding until all monies owed are paid in full and a 30 days written notice is given wishing to terminate this agreement.

Lesson Policies

Lessons are scheduled in advance by student/client on a monthly basis.

It is student/clients **responsibility** to cancel lessons in which they will be unable to attend **24hrs** in advance to avoid being charged for scheduled lesson.

If lesson is cancelled by trainer due to inclement weather, scheduling conflict, ect. A make-up lesson will be scheduled during the following 2 weeks.

For no reason will money paid for lessons be refunded.

Make-up lessons are to be made up within 2 weeks of cancelled lesson to avoid forfeiting that lesson.

Students are to wear suitable attire to all lessons which includes: boots, helmet, long pants, and an appropriate shirt.

Lessons start at the scheduled time whether the student/client is ready or not.

It is student/clients responsibility to show up 15 min before scheduled lesson to tack up horse.

Release of Liability and Hold Harmless Agreement

All person's are required in order to be on the grounds, participate, work with the horses, ect. are to have a signed and completed release form/ hold harmless agreement. By signing below you agree to and accept all terms stated above and have read and agreed to all terms and agreements stated in this contract.

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

_____ Date: _____

**WARNING
UNDER SOUTH FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR
OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE
DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING
EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.
CHAPTER 99E OF THE SOUTH FLORIDA GENERAL STATUTES.**

Liability Release, Hold Harmless Agreement, and Express Assumption of Risk
This is a Release of Your Rights to Sue

WARNING

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CHAPTER 99E OF THE SOUTH FLORIDA GENERAL STATUTES.**

This release may be used against you in a court of law if you sue any released party or person.

(Please read carefully, fill in all blanks, and initial each paragraph before signing.)

I, _____, hereby affirm that I am informed of the inherent hazards of horseback riding, driving, and other horse-related activities. I understand and agree that neither Hunting Horn Stables, owners, land owners, nor any of their respective employees, officers, agents, or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages, to me, my family, or my property, heirs, or assigns that may occur as a result of my participation in this horse-related activity or as a result of the negligence of any party, including the Released Parties, whether active or passive.

_____ In consideration of being allowed to participate in this activity, I hereby personally assume all risks in connection with said activity, for any harm, injury, or damage that may befall me or my property while so engaged, including all risks connected therewith, whether foreseen or unforeseen.

_____ I further save and hold harmless said activity and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising during the activity and/or afterwards.

_____ I also understand that horse-related activities may be physically strenuous and that I may be exerting myself during this activity. I further understand that horses may behave in unpredictable and potentially dangerous ways. I expressly assume the risk of injuries resultant from my participation in these activities and I will not hold the above listed individuals or companies responsible for the same.

_____ I understand that in the unexpected event of a medical emergency, the employees or agents of Hunting Horn Stables have permission to seek and authorize medical attention and services for the Undersigned or any horse owned by the Undersigned.

_____ It is my intention by this instrument to exempt and release Hunting Horn Stables and all Released Parties as defined above, from all liability or responsibility whatsoever for personal injury, property damage, or wrongful death, however caused, including but not limited to the negligence of the released parties, whether passive or active. I have fully informed myself of the contents of this liability release and express assumption of risk by reading it before I signed it on behalf of myself and my heirs.

Print Students Name

(s): _____

Print Parents Name

(s): _____

Complete

Address: _____

Email Address

(s): _____

Signature or if Minor

Parent or Guardians Signature: _____

Date: _____