

Chamounix Equestrian Center

Riding Lesson Registration Form



215-877-4419

wtr@worktoride.net

www.worktoride.net

All lessons are private or semi private June through August 2020. Semi private class size is limited 3 riders. Lessons are held rain or shine. Riders that sign up for the entire month will receive a 5.00 per lesson discount. All registration and payment is to be received in advance of the lesson. No payments will be accepted the day of the lesson. The instructor will have horses tacked and waiting in the riding ring for your lesson. All riders to observe social distancing guidelines in and around the barn area. A tacking fee of 10.00 per lesson is payable directly to the riding instructor. Riders to use face covering when interacting with instructor but may remove face covering while riding.

We will do our best to accommodate everyone; however, riding days and times are allotted on a first come first served basis. Private and semi-private lessons are offered for ages 5 and older. **NO REFUNDS**

Payment in FULL for all lessons is required to confirm registration. \$5.00 user fee on all credit card charges.

NO REFUNDS OR MAKE UP LESSONS ARE GIVEN

*Scheduling is subject to availability

\$65.00 Private 1 hr Date _____ Time _____ \$55.00 Semi Private 1 hr

Semi-private lesson: Circle the **Month, Day and Time** you wish to ride. If you are unsure of your level please contact the office . Lessons rain or shine No open toed shoes

	JUNE	JULY	AUG		
TUESDAY	WEDNESDAY	FRIDAY	SATURDAY	SUNDAY	
Private Lessons	4pm Level I & II	4pm Level I & II	9am Level V	9am Level V	
6pm Polo	5pm Level III & IV	5pm Level III & IV	10am Level I & II	10am Level I & II	
	6pm Polo		11am Level III & IV	11am Level III & IV	
			Private Lessons	Private Lessons	

Name of rider _____ Age of rider _____ Name of parent/guardian _____

Street _____ City _____ State _____ Zip Code _____

Home Number _____ Mobile Number _____ Work Number _____

E-Mail _____ Name of Emergency Contact _____ Emergency Contact Number _____

*Rider, Parent or Guardian must sign the Release Agreement before handling horses

RELEASE AND HOLD HARMLESS AGREEMENT 2009

Chamounix Stable/ Work to Ride 98 Chamounix Dr Phila, PA 19131 215-877-4419

Instruction/Activity/ Participation Agreement and Liability Release

By this agreement, made and entered this ____ day of ____ 20__ by and between _____, who resides at _____ and Chamounix Stable/Work to Ride, Inc., 98 Chamounix Drive, Phila, PA 19131, herein referred to as "This Stable".

It is herby agreed to as follows:

- 1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding instruction as a student at THIS STABLE, and that student will either ride his or her own horses, or school horses provided by THIS STABLE for instruction purposes.
2. That in the last two years student has ridden horses (write students name beside appropriate riding time)
A. Less than 10 hours ___ Students Name _____
B. 10 to 20 hours ___ Students Name _____
C. 20 hours or more ___ Students Name _____
3. That parent or guardian and student understand that horses are unpredictable by nature: that when frightened or angry or under stress, a horses natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to jump, to back, to rear up in front, to bite, that horses are extremely powerful; and that if a rider falls to the ground, fall distance will generally be from 3 1/2 to 51/2 feet. I understand these risks and, voluntarily assume these risks and dangers.
4. That parent or guardian and student understands that hereafter upon mounting the horse and taking up the reins the student is in primary control of the horse and that THIS STABLE, nor the City of Philadelphia, including the officers, agents, employees, boards, servants, commissioners, or representatives are responsible for the results of the student's actions or inactions. The student further agrees not to abuse, misuse or deliberately agitate the horse as these actions may result in increased risk to him/her and others.
5. That I have been advised that students should purchase and wear a helmet or hard hat in and around THE STABLE as to prevent horse related injuries.
6. Liability Release: That I understand that I am responsible for bodily injury or property damage which I or my child or legal ward should sustain on THIS STABLE's premises and/or trails and/or while riding a horses, and or while in transit to horse shows, trail rides, or similar expeditions, and for any time I or my child or legal ward shall lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage, and that I hereby, for myself, my heirs, administrators and assigns release and discharge the owners, operators, boards, instructors, staff. And sponsors of THIS STABLE, Work to Ride, City of Philadelphia, including its officers, agents, employees, boards, servants, commissioners, and representatives and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person, or that of my child or legal charge and/or property.
7. That the student is currently covered by accident-medical insurance and will remain insured for the duration of all riding instruction at THIS STABLE.

Name of Insurance Company _____
Policy Number _____

That I further understand that should medical emergency treatment be required, the current insurance information here listed will be provided to the attending clinic or hospital to cover future payment of incurred bills.

- 8. That this agreement is entered into in the State of Pennsylvania and will be interpreted and enforced under the laws of this state.
9. Upon the signing of this agreement, student acknowledges that he/she has read and agrees to be bound to THIS STABLE's rules attached as exhibit "B" and incorporated herein by this reference.

I, THE UNDERSIGNED BEING OF LEGAL AGE AND SOUND OF MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE.

FULL NAME (S) OF STUDENT RIDER (S) IF UNDER AGE OR GUARDIANSHIP

- 1. _____
2. _____
3. _____

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

NAME OF RIDER _____ NAME OF PARENT/GUARDIAN _____

SIGNATURE OF RIDER OR GUARDIAN _____ DATE __/__/__

ADDRESS OF RIDER/GUARDIAN _____

CITY _____ ZIP _____ HOME PH _____

WORK PH _____ E-MAIL _____