

Return to Office

# Lesson Registration

215-877-4419

Lessons@worktoride.net

www.worktoride.net

Payment in **FULL** for all lessons is required to confirm registration.

NO REFUNDS, NO MAKE UP LESSONS; **NO** CREDIT GIVEN FOR LESSONS PAID FOR BUT NOT ATTENDED

## PRIVATE LESSONS: Scheduled By Email ONLY

**\$65. Private:** Date \_\_\_\_\_ Time \_\_\_\_\_ **\$55. Semi Private :** Date \_\_\_\_\_ Time \_\_\_\_\_

---

## GROUP LESSONS: Please circle the days/time you wish to ride.

**Group lesson times:** *\*Scheduling is subject to availability.\**

April May June July Aug Sept Oct Nov Dec

SUN	MON	TUES	WED	FRI	SAT
9am Level III	4pm Level III	4pm Level IV	4pm Level III	4pm Level III	9am Level IV
10am Level IV	5pm Level I&II	<i>Polo Lessons</i>	5pm Level I&II	5pm Level I&II	10am Level III
11am <b>ADULTS ONLY</b>					11am Level I&II
12pm Level I&II					12pm Level I&II
					1pm Level I&II

---

Name of Rider \_\_\_\_\_ Age \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

---

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

---

Home Number \_\_\_\_\_ Mobile Number \_\_\_\_\_ Email Address \_\_\_\_\_

---

Name of Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Medical Conditions: Yes No If yes, explain: \_\_\_\_\_

**RELEASE AND HOLD HARMLESS AGREEMENT**

**Chamounix Stable/ Work to Ride 98 Chamounix Drive 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 hereby 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 initials beside appropriate riding time)  
A. Less than 10 hours \_\_\_\_\_ B. 10 to 20 hours \_\_\_\_\_ C. 20 hours or more \_\_\_\_\_

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 5 1/2 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 \_\_\_\_\_

I further understand that should medical emergency treatment be required, the current insurance information listed here 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, the 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 \_\_\_\_\_ Phone \_\_\_\_\_