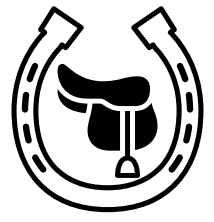


# Chamounix Stables

## Lesson Program



Chamounix Stables offers group lessons to anyone ages 7 and older. Group lessons are 1-hour weekly riding lessons; 1 instructor with up to 6 riders. Each lesson includes ground safety, grooming, tacking and riding. Riders should arrive 15 minutes early. Scheduling is based on availability and riding level. We hold lessons rain or shine and on some holidays.

**Price:** \$220-\$275 per month depending on lesson dates

### Lesson Sessions:

*Riders must register for each session. Enrollment does not roll over session to session*

**Spring:** April & May; Registration opens March 6th. (Held at Chamounix Stables)

**Summer:** June, July & August; Registration opens May 6th (Held at Northwestern Stables)

**Fall 1:** September; Registration opens August 6th (Held at Northwestern Stables)

**Fall 2:** October and November; Registration opens September 6th (Held at Northwestern Stables)

### How to Register:

- Fill out the registration form by selecting the day and time you'd like
- Submit your lesson form via email: [LESSONS@WORKTORIDE.NET](mailto:LESSONS@WORKTORIDE.NET) or in person
- Confirm registration with payment; credit/debit card or check accepted
- REPEAT FOR THE NEXT RIDING SESSION

*Registration is allotted on a first come first served basis & subject to availability*

*If you have questions send us an email with your lesson form*



### Polices and Code of Conduct

- **PAYMENT IS REQUIRED To CONFIRM registration.**
  - If your session has multiple months payment can be split into 2 or 3 installments due on the 15th of the current month. Without payment the lesson slot will be given away to our waitlist.
  - A \$5 fee for credit card payments.
  - Registration is allotted on a first come first served basis & subject to availability.
- **NO PRORATES or REFUNDS. NO CREDITS or MAKE UPS for lessons paid for but not attended.**
- Tardiness is disruptive and will not be tolerated. Riders need to arrive 15 minutes prior to lesson time.
- All Riders **MUST** wear a helmet.
  - Style hair appropriately for a helmet to fit securely.
- Riders 12 and under must be accompanied by an adult. Adult must remain on premises for the entire lesson.
  - The lesson barn can get crowded. We ask families wait at the picnic tables. We have staff to assist riders.
- Street Parking **ONLY**
- Smoking and Vaping Prohibited

# Chamounix Stables

# Lesson Registration

www.worktoride.net

Lessons@worktoride.net

215-877-4419

## 2023 SPRING LESSON SCHEDULE:

Scheduling is subject to availability and riding level. Group lessons only.

**Price \$220-\$275. NO PRORATES, REFUNDS, CREDITS OR MAKE-UP LESSONS.**

### SPRING SESSION: APRIL & MAY

Select the day and time you'd like to ride.

SUNDAY	TUESDAY	WEDNESDAY	FRIDAY	SATURDAY
9am level IV	4pm level III	4pm level I&II	4pm level I&II	9am level IV & V
10am level V	5pm level I&II	5pm level III	5pm level I&II	10am level I&II
11am adults only	6pm level IV	6pm level III	6pm level III	11 am level I&II
12pm level I&II				12pm level III
				1pm adults only

### RIDER INFORMATION:

Name of Rider: \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

### HEALTH INFORMATION:

Medications taken by rider: \_\_\_\_\_

Allergies to foods/insect bites/medication/other: \_\_\_\_\_

Describe any special needs: \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship to Rider: \_\_\_\_\_

#### RIDING EXPERIENCE:

Has rider ridden before? Circle Y/N

If Y (yes):

walk \_\_\_ trot \_\_\_ canter \_\_\_

jump crossrails \_\_\_ jump verticals \_\_\_

Does rider know:

Trot Diagonals: Y/N    Canter Leads: Y/N

#### INITIAL TO GRANT CHAMOUNIX STABLES PERMISSION:

Administer minor first-aid to rider: \_\_\_\_\_

Take rider on trails: \_\_\_\_\_

**RELEASE AND HOLD HARMLESS AGREEMENT**  
**Chamounix Stable/ Work to Ride 98 Chamounix Drive Phila, PA 19131**  
**Northwestern Equestrian Facility 120 Northwestern Ave Phila Pa 19118**  
**Instruction/Activity/ Participation Agreement and Liability Release**

By this agreement, made and entered this \_\_\_\_ day of \_\_\_\_ 2023 by and between \_\_\_\_\_, who resides at \_\_\_\_\_ and Chamounix Stable/Work to Ride, Inc., 98 Chamounix Drive, Phila, PA 19131 and Northwestern Equestrian Facility, 120 Northwestern Ave Phila Pa 19118, herein referred to as "These Stables". 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 ½ to 5 ½ 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 THESE STABLES, 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 Northwestern Equestrian Facility premises and/or trails and/or while riding Chamounix Stables or Northwestern Equestrian Facility , 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 THESE STABLES, Work to Ride, Northwestern Equestrian Facility, 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 UNDERAGE 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 Number of Rider/Guardian \_\_\_\_\_