



Chamounix Equestrian Center

The best place to "horse" around

98 Chamounix Dr. Philadelphia PA, 19131

(267) 531-3321

Lessons@worktoride.net

www.worktoride.net

Chamounix Discovery Day II- (Riding)

This program is designed to be 2 hours in length. For most children this will be their first introduction to horses and stables. Discovery Day personnel will guide children through the various areas of the barn, paddocks, and riding areas. The informational tour will include: equine behavior, stable terminology, hayloft, stable management, health and safety, and an explanation of how a working barn operates. Children will also learn how to lead a pony/horse, correctly groom, saddle and bridle a horse, and proper mounting procedures. Each child will get a minimum of 15 minutes of riding.

Cost: \$40.00 per child

Time: Call to schedule a date and time

Minimum of 10 kids and Maximum of 30 kids.

Nursery School, Home Schoolers, High School & Community Groups

For questions or more information please call (267) 531-3321 or email Lessons@worktoride.net

APPLICATION FORM
DISCOVERY DAY II

School/Group Name _____
Address _____ City _____ St _____ Zip _____
Contact Name _____ Contact # _____
Email _____ # of children _____ # of adults _____

Total amount enclosed \$ _____

Write the time and date next to the day that you have confirmed to attend.

TUES _____ am/pm WED _____ am/pm

THURS _____ am/pm FRI _____ am/pm

Please make sure to confirm that the date and time for your group is available. Complete this form in its entirety as well as the attached hold harmless form for EVERY child. All checks should be made out to Work to Ride.

Chamounix Equestrian Center
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Philadelphia, PA 19131
267-531-3321
Lessons@worktoride.net

RELEASE AND HOLD HARMLESS AGREEMENT

Chamounix Stable/Work to Ride
98 Chamounix Drive Philadelphia, PA 19131 (215) 877- 4419

Instruction/Activity/ Participation Agreement and Liability Release

By this agreement, made and entered this _____ day of ____ 200__ 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 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 students 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 himself/herself 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 it's 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 PHONE _____ EMAIL _____

