

CHAMOUNIX EQUESTRIAN CENTER



Riding Lesson Registration Form

215-877-4419

wtr@worktoride.net or www.worktoride.net

Group lessons are scheduled on a monthly basis and run 4 or 5 consecutive weeks. If you are unsure of what level to sign up for please contact the office. The tuition for the month is \$140.00 or \$175.00 depending on the month. In order to reserve a lesson spot, payment in FULL must be made no later than the 20th of the prior month for new and continuing students. Lessons are held rain or shine, and students must sign up for the entire month.

No refunds or make-up lessons will be given.

PLEASE CIRCLE THE MONTH, DAY & TIME YOU WISH TO RIDE

APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
WEDNESDAY		FRIDAY		SATURDAY		SUNDAY		
4 pm - Level I & II		4 pm - Level I & II		9 am - Level I & II		9 am Level III & IV		
5 pm - Level I & II		5 pm - Level I & II		10 am - Level III & IV		10am - Level I & II		
6 pm - Polo		6 pm - Level III & IV				11am - Level I & II		

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. Group lessons are offered for children 7 years or older. 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 lesson scheduling is subject to availability primarily on the weekends or daytime.

Please confirm date and time with the instructor

\$45.00 Semi-Private: Date _____ Time _____ \$55.00: Private 1 hr Date _____ Time _____

\$75.00 Polo Lesson private: Date _____ Time _____ Other : Date _____ Time _____

RELEASE AND HOLD HARMLESS AGREEMENT

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 _____, (rider name) 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 _____