



30 Martin Drive Reinholds, PA 17569

### **Riding Lesson Agreement and Liability Release**

(Complete in black or blue ink)

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Student's age/ Date of Birth: \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Parent/Guardian/Spouse name: \_\_\_\_\_

(Signature required if student under the age 18)

Emergency Contact Phone # \_\_\_\_\_ (relationship) \_\_\_\_\_

#### **Liability Release**

In consideration of accepting the above named student in the lesson program or any other activity at the farm of Winding Brook Ranch/Triangle Therapeutic Riding lesson program, I understand that horses are unpredictable by nature and I voluntarily assume the risk and dangers involved. I hereby, intending to be legally bound for myself, my heirs, executors or administrators, waive release all claims for damages I may have against Winding Brook Ranch or Triangle TR Inc., its Owners, Instructors, Volunteers, Aids, and or Employees for any and all injuries and or losses. I consent to any medical, dental, or surgical treatment or procedure of an emergency nature that is reasonably necessary to save the life of the person named above, or to restore the person to health. I understand that should 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.

I have been advised that riders are required to wear ASTM-SEI approved protective head gear, hard soled shoes, and long pants in and around the stables, and while working with or riding horses, so as to prevent horse related injuries.

**Signature of rider/parent/guardian:** \_\_\_\_\_

#### **Insurance Information**

The above student carries accidental/medical insurance: \_\_\_yes \_\_\_no

Name of Insurance Company: \_\_\_\_\_

Policy/Group # \_\_\_\_\_

Named primary of the insurance: \_\_\_\_\_



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**Acceptance of Lesson Agreement and Payment Policy**

Name of person/Organization responsible for payment

Lessons: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(signature of person responsible for payment)

Address of person above: \_\_\_\_\_

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Thank you for returning this signed copy of agreement to your instructor before your first ride.