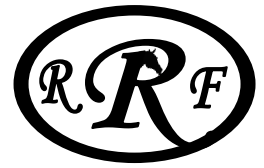


# *Rattle Run Farms*

## *Riding Lesson Program*



**Welcome to 2019 Rattle Run Farms Riding Lesson Program!**

Please find some basic rules and requirements for our program and program changes.

Thank you!

### **2019 Lesson Fees**

*Payment due in FULL at first lesson*

**5 Week Session = \$150**

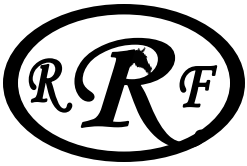
**6 Week Session = \$180**

### **Basic Program Rules and Requirements:**

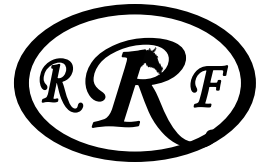
- ✓ Please fill out the included forms **completely** before sending them back to us. If the forms are not completed in their entirety, you rider will not be scheduled.
- ✓ Horse riding helmets are required and available for use, or riders can purchase their own.
- ✓ Long pants and boots with a heel are required. No shorts, tennis shoes, sandals, or tank tops.
- ✓ Arrive at the farm 10 minutes prior to lesson start time. If you are late, the lesson will not be held.
- ✓ If a rider cannot attend a lesson, that lesson will **NOT** be rescheduled or refunded.
- ✓ Parents are responsible for siblings, friends and other family members when at the farm. Supervision is required at all times.
- ✓ Be respectful of all lessons. Parents, siblings, and visitors need to be quiet during lessons so riders can hear instructor.
- ✓ No personal dogs allowed in the barns

**IF YOU HAVE ANY QUESTIONS, PLEASE EMAIL US AT:**

**rattlerunfarms@gmail.com**



**Rattle Run Farms**  
**Rider Registration & Release Form**  
**Instructor – Sue Cook, B.H.S.I.I.**



**2019**

RIDER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE- \_\_\_\_\_ 2<sup>ND</sup>PHONE- \_\_\_\_\_

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

AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ lbs.  
 (200lb weight limit)

**\*\*\*This area must be completed by legal guardian if rider is less than 18 years of age\*\*\***

FATHER: \_\_\_\_\_ PHONE # (Cell/Home) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ (work) \_\_\_\_\_

MOTHER: \_\_\_\_\_ PHONE # (Cell/Home) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ (work) \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

\*\*\*\*\*

**RIDING LESSON INFORMATION**

**RIDING LESSON AVAILABILITY:** LIST THE DAY (*MONDAY – THURSDAY*) AND THE TIME YOU COULD ARRIVE FOR WEEKLY LESSONS.

1<sup>ST</sup> CHOICE: \_\_\_\_\_ 2<sup>ND</sup> CHOICE: \_\_\_\_\_ 3<sup>RD</sup> CHOICE: \_\_\_\_\_  
                   DAY      TIME                  DAY      TIME                  DAY      TIME

**CHECK THE SESSIONS YOU ARE INTERESTED IN BELOW: (SUBJECT TO CHANGE)**

**SESSION #:**

- |   |  |
|---|--|
| <input type="checkbox"/> 1: APRIL 8 – MAY 13 (6 weeks = \$180)    | <input type="checkbox"/> 4: SEPTEMBER 9 – OCTOBER 14 (6 weeks = \$180) |
| <input type="checkbox"/> 2: MAY 20 – JULY 1 (6 weeks = \$180)     | <input type="checkbox"/> 5: OCTOBER 21 – NOVEMBER 25 (6 weeks = \$180) |
| <input type="checkbox"/> 3: JULY 29 – AUGUST 26 (5 weeks = \$150) |  |

Have you ever taken riding lessons before? \_\_\_\_\_ If Yes, Explain: \_\_\_\_\_

\_\_\_\_\_

# RIDER'S CONSENT FOR EMERGENCY MEDICAL TREATMENT

RIDER'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Person Authorized to give TEMPORARY assistance of care in the ABSENCE of PARENT / GUARDIAN:

NAME: \_\_\_\_\_

PHONE(S): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PERFERRED MEDICAL FACILITY: \_\_\_\_\_

Describe any medical conditions requiring special treatment, including allergies, any current medications and dosages: \_\_\_\_\_

In case of medical emergency, the undersigned authorizes *Rattle Run Farms, LLC* to provide such medical assistance as they determine to be necessary. If the rider named above is younger than 18 years, the undersigned authorizes *Rattle Run Farms, LLC*, acting through the adult on its staff who has actual care, control, and possession of the child to consent to medical, dental, and surgical treatment of the child when the undersigned cannot be contacted. The undersigned represents to *Rattle Run Farms, LLC* that he or she is the child's parent and either (i) is not divorced from the other parent, or (ii) is divorced from the other parent, but has been authorized by a written court order to give consent to medical care, dental care and surgical treatment of the child. The undersigned will indemnify and hold *Rattle Run Farms LLC*, its officers, members, employees, and agents harmless if he or she is not empowered by law to give this consent.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the child, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent form from the undersigned.

No person can be accepted for riding instruction until this form has been completed by the parent/parents or guardian. If the person is of legal age (18), he or she may complete the form, if he or she is legally competent to do so. Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any organization concerned with this instruction, including *Rattle Run Farms, LLC* in the event of any accident that may occur.

\_\_\_\_\_  
DATE: \_\_\_\_\_  
SIGNATURE OF PARENT/PARENTS/GUARDIAN FOR MINOR RIDER (UNDER THE AGE OF 18)

\_\_\_\_\_  
DATE: \_\_\_\_\_  
SIGNATURE OF ADULT RIDER (OLDER THAN 18 YEARS)

\_\_\_\_\_  
INSURANCE CARRIER

\_\_\_\_\_  
POLICY NUMBER

\*\*\*\*\*

**PHOTO RELEASE**

Riders may be photographed or videotaped and their names published for non-profit use in various ways: newsletter articles, community newspaper articles, videos, television broadcasts, lesson pictures, and Liberty Riders, Inc. web pages. If you do not want your child to have his/her name, picture or video taken please make your request in writing.

\*\*\*\*\*

**LIABILITY RELEASE**

\_\_\_\_\_ (*Rider's Name*) would like to participate in the *Rattle Run Farms, LLC* program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against *Rattle Run Farms, LLC*, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/ my son/ my daughter/ my ward may sustain while participating at *Rattle Run Farms, LLC*.

*WARNING: Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or death of a participant in an equine activity resulting from an inherent risk of the equine activity.*

\*\*\*\*\*

**BY SIGNING BELOW, YOU ARE ACKNOWLEDGING, ACCEPTING, AND AGREEING TO ALL OF THE ABOVE RELEASES, LIABILITIES, AND CONDITIONS.**

\_\_\_\_\_  
DATE: \_\_\_\_\_  
PRINT NAME OF PARENT OR LEGAL GUARDIAN (IF UNDER 18 YRS.)

\_\_\_\_\_  
DATE: \_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN (IF UNDER 18 YRS.)

**RETURN COMPLETED FORMS TO:**



*Rattle Run Farms, LLC.*  
7103 Gratiot Rd.  
St. Clair, MI 48079



**PAYMENT IS NOT ACCEPTED UNTIL THE FIRST SCHEDULED LESSON.**