



**10605 NE Davis Rd
Easton, MO 64443
816-261-4771**

**Penny Orrick
Instructor and Trainer
orrickacres@gmail.com**

2019 Lesson Agreement

PLEASE READ CAREFULLY BEFORE SIGNING

Serious injury may result from your participation in this activity. Said stable or instructor does not guarantee your safety.

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE-

In consideration of the payment of a fee and the signing of this agreement, I the following listed individual, and the parents or legal guardians thereof if a minor, do hereby agree to receive from said stable and instructor a session of horse handling and/or instruction on or with one or more of the instructor's horse/s, on or with equipment owned by the instructor.

Current Orrick Acres horses to be ridden for lesson use: Tilly, Maggie, Sprite, Spark, Tank, Savannah, Star and Jack

GROUP LESSON REQUIREMENTS: At least 7 years of age or older, however ages 4-6 will be considered with a one time trial lesson. Beginner to Intermediate. Appropriate dress required--boots, comfortable clothing/pants for outdoor weather. SEI-ASTM approved helmet provided. Horses can not carry more than 20% of their weight so riders must be no more than 200 lbs.

RIDING LESSON: hands on basic grooming, care and handling, riding logic, equitation and safety.

GOAL OF PROGRAM: Promote practical and fun activities and whole horse understanding.

Student Information

(STUDENT NAME) _____ (AGE) _____

EXPERIENCE (check one)

- Beginner (under 10 hrs)
 Intermediate (10 - 50 hrs)
 Advanced (over 50 hrs)

Allergies, medications, needs care, etc..

Does the student have any physical or mental health conditions, problems and/or disabilities which may affect his/her ability to ride a horse? (circle one) YES NO

If "yes" describe in detail:

(SECOND STUDENT NAME) _____ (AGE) _____

EXPERIENCE (check one)

- Beginner (under 10 hrs)
 Intermediate (10 - 50 hrs)
 Advanced (over 50 hrs)

Allergies, medications, needs care, etc..

Does the student have any physical or mental health conditions, problems and/or disabilities which may affect his/her ability to ride a horse? (circle one) YES NO

If "yes" describe in detail:

Emergency Information

Emergency contact #1: _____ relationship to student(s) _____

Phone #: _____

Emergency contact #2: _____ relationship to student(s) _____

Phone #: _____

Write Initials below after reading each section. Parents or guardians must also initial.

B. DEFINITIONS

(1) The term "Lesson" herein shall refer to handling, ground work, and/or riding of the above listed horse(s) by student and/or instructor for the purpose of education. Lessons vary in time, generally between 45-60 minutes. Pee-Wee/Beginner Lessons are generally between 20-30 minutes.

(2) The term "Student" refers to the person/s receiving Lessons as listed above.

(3) The term "Stable" refers to the above listed stable

(4) The term "instructor" refers to the above listed name

C. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS-

This agreement shall be legally binding upon me the registered rider, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county in which THIS STABLE'S physical location. Any dispute by the rider shall be litigated in and venue shall be the county in which THIS STABLE is physically located. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to the horse/s described in page 1 of this agreement. The term "RIDER" shall herein refer to the listed rider on page 1 of this agreement who rides, handles, or comes near the HORSE. The term "INSTRUCTOR" shall herein refer to instructor listed on page 1 of this agreement. The term "LESSON" herein shall refer to ground and mounted instruction given to the RIDER by the instructor in exchange for money or an agreed upon barter. The terms "I", "ME", "MY", shall herein refer to the above listed rider and the parents or legal guardians thereof if a minor.

Please initial _____

D. ACTIVITY RISK CLASSIFICATIONS-

I understand that: horseback riding is classified as RUGGED ADVENTURE RECREATIONAL ACTIVITY, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries on other activities. I/WE further understand that applicant/s may have mounted or ground lessons that may encounter one or more of the following but not limited to: woods, rough terrain, hills, water, jumps, traffic, wild animals, and other horses.

Please initial _____

E. NATURE OF STABLE HORSES-

I understand that: INSTRUCTOR follows a rigid safety program. Yet, no horse is a completely safe horse. Horses are 5 to 10 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse to the ground it will generally be at a distance of from 3.5 to 5.5 feet, and the impact may result in injury to the rider. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Changing directions or speed at will; Shifting its weight; Rearing; Bucking; Kicking; Biting; or Running from danger.

Please initial _____

F. TERMS OF PAYMENT - UPDATED

In consideration of the following payment terms and the signing of this Agreement, I the following listed individual do hereby agree to receive a lesson from the Instructor.

I, for myself or on behalf of my child am responsible for paying in full:

_____ Beginner Lessons - \$ 140 per session (which includes four, 45 to 60 minute lessons)

_____ Pee Wee/Beginner Lessons - \$ 60 per session (which includes four, 25 to 30 minute lessons)

_____ Group Lesson - \$ 100 per session (which includes four, 45 to 60 minute lessons)

Payable As Follows:

(1) Payments can be made per session (4 lessons) or per lesson, each payment is due prior to or on the day of Lesson.

(2) ***Payment is due for student cancellations.*** Instructor will take into consideration emergencies outside of the students' control and will waive the fee of ONE lesson per session if NEEDED. However, the student is responsible to pay for the remaining three lessons per session regardless of attendance

(3) ***Lesson Fees due to Instructor Cancellations will be waived*** (sudden inclement weather, sudden injury to horse(s), and other Instructor related cancelations). A refund or credit for future lessons will be given if needed.

G. Protective Headgear Offering

I, for myself and on behalf of my child and/or legal ward, have been offered protective headgear (riding helmet) by Instructor or have provided for myself protective headgear. Student understands that the wearing of such headgear while mounting, riding, dismounting and otherwise being around horses, may prevent or reduce severity of some head injuries, and may even prevent death as the result of a fall or other occurrence. It is understood that Instructor provided headgear may not be of perfect fit for each Student head, and that once provided I/ WE will be responsible for securing the helmet on Student head at all times. Minors MUST wear protective headgear. Adults mark an "X" below in the box before the statement which Student agrees to:

() PROTECTIVE HEADGEAR ACCEPTANCE:

I/WE request to wear protective headgear which Instructor provides.

() PERSONAL PROTECTIVE HEADGEAR:

I/WE will provide MY/OUR own headgear.

I/WE accept full responsibility for MY/OUR safety in this decision

() PROTECTIVE HEADGEAR REFUSAL:

I/WE refuse to wear any type of protective headgear.

I/WE accept full responsibility for MY/OUR safety in this decision.

IN WITNESS WHEREOF, the parties have executed this agreement on the day and year written below.

READ CAREFULLY BEFORE SIGNING

Student or Legal Guardian

Instructor

Signature

Date

Signature

Date

Print Name

Penny Orrick
10605 NE Davis Rd
Easton, MO 64443
816-261-4771
orrickacres@gmail.com

Address

City, State, Zip Code

Phone #

Email

Registered Session Dates

Lesson Type

___ Pee-Wee
___ Beginner
___ Group

_____ May 6th – May 30th

_____ June 3rd – June 28th

_____ July 8th – August 2nd

_____ September 2nd – September 27th

_____ October 4th – October 25th

2019 Season Total

_____ Sessions X _____

= _____