



Riding School Contract (For a minor less than 18 years of age)

Agreement made between The Harrogate Hills Riding School and the Parent/Guardian of the student.

It is understood that the student, whose full name is:

wishes to register with The Harrogate Hills Riding School and therefore understands and agrees to the following:

1. The student/parent shall pay the fees and accounts as rendered. It is understood that fees and accounts are billed monthly, in advance. Interest will be charged on the balance outstanding after 30 days at the rate of 1.5% per month compounded monthly until paid.
2. Only one lesson per month may be rescheduled as long as twenty-four hours notice has been given to cancel the lesson. This rescheduled lesson must be taken within 30 days in another regularly scheduled group lesson as determined by Harrogate Hills. No makeup lesson is given if an account is in arrears.
3. All lessons cancelled by Harrogate Hills will be made up or will be applied as a credit to the next month's invoice at the discretion of Harrogate Hills.
4. Two weeks notice must be given by the student/parent to Harrogate Hills of their intention to discontinue lessons. Students who are absent for two or more consecutive lessons, may lose their spot to permit placement of new students.
5. A student is expected to have the horse groomed and tacked up for the start of the lesson. (Assistance will be provided if necessary.)
6. A student is expected to cool down and groom the horse at the end of the lesson as well as return and clean all tack and equipment that has been used.

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES.
Please read carefully

Acceptance of Risk

I request permission for my child _____ to participate in horseback riding and other equestrian related activities organized and operated by the Harrogate Hills Riding School.

I fully understand that horseback riding, handling, and grooming of horses and other stable activities are very dangerous. I wish to allow my child to participate in these activities knowing that they are dangerous.

I accept and assume all the risks of injury (including death) to my child or my property. I represent and warrant that I have authority to give this release.

In exchange for my child being permitted to participate in these activities, for my child, myself, my child's heirs, guardians, and legal representatives, I release and agree not to make any claims of any kind against The Harrogate Hills Riding School for any injury (including death) to my child or any damage to my property, arising out of my child's participation in these dangerous horseback riding or related activities.

I acknowledge as Parent/Guardian of _____ that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

Dated: _____

Signature of Parent/Guardian: _____

Print name: _____ Child's name: _____

Address: _____

City: _____ Postal code: _____

Birth date: _____ e-mail address: _____

Telephone: Home: _____ Business: _____

Emergency Name and Number: _____

Health Card Number: _____

Witness: _____ Date: _____

Where did you hear about Harrogate Hills? _____

