



Hope Springs Equestrian Therapy, Inc.
P. O. Box 156, Chester Springs, PA 19425
(610) 827-0931 www.hope-springs.org

LESSON AGREEMENT

NAME OF STUDENT _____ BIRTH DATE: _____

PARENTS/GUARDIAN: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTY _____ SCHOOL DISTRICT: _____

TELEPHONE NUMBER: _____

CELL NUMBER: _____

EMAIL ADDRESS: _____

IN CASE OF EMERGENCY, PLEASE CONTACT: _____

NAME OF INSURANCE COMPANY: _____

NAME OF INSURED: _____

(NOTE: STUDENTS CANNOT BE ACCEPTED FOR LESSONS UNLESS THEY CARRY APPROPRIATE MEDICAL INSURANCE.)

LESSONS: Each therapeutic horseback riding lesson will be approximately one hour long and includes time before and after riding to allow student to participate in grooming and saddling his/her horse or pony. Lessons are structured as follows: 15 minutes to groom and saddle the horse, 30 minutes riding, 15 minutes removing tack and preparing the horse to return to paddock or stall.

LESSON TIME/LATE ARRIVAL: Lesson times are planned and scheduled each week for the convenience of the student/family. If a Student arrives late, lesson will still end at the regular time. **If Student arrives 15 minutes late, the student will not ride, but will have a barn lesson that day.** The fee for the lesson remains the same.

PAYMENT POLICY: The cost of a one-hour therapeutic riding lesson is \$65. **Full payment for the lesson is required prior to the start of the lesson. Partial payments are not permitted. No payment, no ride, no exceptions.** If lessons are paid for in advance, Hope Springs Equestrian Therapy Inc. (HSET) will deduct fees from the pre-paid amount as lesson costs are incurred. Checks for lesson fees should be made payable to Hope Springs Equestrian Therapy, Inc.

CANCELLATIONS/RESCHEDULING: In the event a **Student must cancel a lesson**, he/she agrees to give HSET **at least 24 hours prior notice**. If a Student misses a lesson without giving HSET 24 hours notice, the cost of that lesson will be forfeited by the student. Inconsistency with lessons jeopardizes the continuity and progress of the student. If a Student misses two consecutive lessons without prior notice, the Student may be dropped from the schedule.

STUDENT SAFETY/CONDUCT: If a Student's behavior is unacceptable or unsafe, as determined solely by the instructor, the lesson may be shortened or ended at the discretion of the instructor. Unacceptable or unsafe behavior includes, but is not limited to: disruption of the lesson, sexual comments or conduct, disrespect to instructor, other students, volunteers or any other person on HSET property, horses or barn cats/dogs, etc. This also includes verbal disrespect or physical abuse to self, instructor, other students, volunteers, any person on HSET property, horses or barn cats/dogs, etc.

Students/Prospective Students shall notify HSET of the history of any condition, behavior, medication, etc., which could affect the safety of the student, instructors, volunteers, fellow students, any person on HSET property, horses or barn cats/dogs. HSET reserves the right to deny services to any individual based upon concerns for safety.

Any change in a Student's condition, behavior or medication which makes him/her inappropriate for HSET's programs will warrant discontinuation of services at the discretion of HSET's Executive Director.

STUDENT WEIGHT LIMITS: Maximum weight is 200 pounds for a well-balanced, centered rider and 180 pounds for an unbalanced student needing side-walker assistance. Executive Director reserves the right to deviate from these weight limits when safety is a concern.

SMOKING IS NOT ALLOWED ANYWHERE ON THE PREMISES.

“WARNING”

Under Pennsylvania's law, “You assume the risk of equine activities pursuant to Pennsylvania's law.” We are in accordance with Pennsylvania Equine Activity Immunity Act, Act 93 of 2005.

By my signature below, I acknowledge that I have read, understand and agree with the policies and terms contained herein.

Signature of Student **OR** his/her Parent or Guardian
(If under 18, must be signed by both parents or guardian)

Date Signed

HOPE SPRINGS EQUESTRIAN THERAPY, INC.

Approved by: _____
Executive Director

Date: _____

(Revised: June 2020)



Hope Springs Equestrian Therapy, Inc. and Peace by Piece Farm

INDEMNITY AND CONSENT TO PUBLICITY

NAME OF STUDENT : _____

NAME OF PARENT/GUARDIAN : _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTY: _____ SCHOOL DISTRICT: _____

PHONE: _____ CELL: _____

EMAIL ADDRESS: _____

RELEASE AND WAIVER OF CLAIMS:

I, for myself and as guardian or other authorized representative of my child/children or other dependent(s), hereby release Hope Springs Equestrian Therapy, Inc. (HSET), and its owners, officers, directors, employees and agents, and Mr. & Mrs. Roy Sturgeon – Peace by Piece Farm (land owner), from any and all claims, demands, liabilities and/or damages, known or unknown, arising from or relating to my involvement, or the involvement of my child/children or other dependent(s), in equine and/or other HSET activities, and waive any claims respecting same. I understand that equine activities include, but are not limited to, horse care, training, teaching, riding instruction, therapeutic riding, shows, fairs, parades, competitions or performances which involve horses. I am aware and understand that horses are unpredictable in nature and for myself, and my child/children and other dependent(s), I knowingly and voluntarily assume all risks and dangers involved in equine and other HSET activities, accepting personal responsibility for all possible injury, permanent disability or death to me and/or my child/children and other dependent(s).

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

PARTICIPANT, BOTH PARENTS OR GUARDIAN (If under 18, must be signed by parents or guardian)

IN CASE OF EMERGENCY:

NAME: _____ PHONE: _____

CONSENT TO PUBLICITY:

I HEREBY (CHECK ONE): **DO NOT** Authorize _____; Authorize _____

Hope Springs Equestrian Therapy, Inc., (HSET) use and copy, without fee, any and all audio and/ or visual material taken of me/my child/ children/other dependent(s) respecting HSET activities and/or events for HSET's promotional materials, which may include but is not necessarily limited to HSET's brochures, press releases, newsletters, exhibits and website postings. I understand that persons viewing such materials may understand that I or my child/children/dependent(s) are involved with therapeutic, and potentially medically related, activities. I agree that the use of such materials shall not breach any confidences and I waive any claims respecting same.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

PARTICIPANT, BOTH PARENTS OR GUARDIAN (If under 18, must be signed by parents or guardian)

HOPE SPRINGS EQUESTRIAN THERAPY, INC.

APPROVED BY: _____ DATE: _____

Executive Director

Revised June 2020



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HSET POLICY STATEMENTS (Parent/Guardian Copy)

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