



**Release of Liability and Hold Harmless Agreement**

*Please carefully read and initial each paragraph as you approve it.*

I \_\_\_\_\_, am fully aware and fully understand that all horses are unpredictable and potentially dangerous. I realize that placing my children, or myself in a stable's environment has inherent dangers.

Initial\_\_\_\_\_

I understand that riding horses or ponies can be a dangerous sport. I am aware that riders must expect to be injured from time to time. I understand that death of people from equestrian accidents is possible.

Initial\_\_\_\_\_

I realize that professional instruction cannot prevent serious injury or death from working around, handling, or riding horses and ponies.

Initial\_\_\_\_\_

I release Twin Brook Stables, LLC, its owners, trainers, and employees from all liability for damage to my property, injuries or death of my children, my animals, or myself.

Initial\_\_\_\_\_

Twin Brook Stables, LLC, its owners, employees, and associates, have my permission to initiate emergency first aid treatment for my children, my animals, and myself in case of an accident. They also have my permission to authorize emergency medical treatment by qualified medical personnel for my children or myself, and veterinary treatment by qualified veterinary personnel for my animals.

Initial\_\_\_\_\_

I understand that I am fully responsible for any guests that I may have on the property. I understand that I am fully responsible for fully informing the guest of all risks related to the handling or riding of horses. I understand that I am fully responsible for informing guests about horse's temperament, training, habits, and for determining that the guest is sufficiently experienced to ride the horse.

Initial\_\_\_\_\_

**I have carefully read each paragraph listed above and understand its contents.**

*Warning: Under Connecticut law, Public Act # 93-286*

*“each person engaged in recreational equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, unless the injury was proximately caused by the negligence of the person providing the horses to the individual engaged in recreational equestrian activities or the failure to guard or warn against a dangerous condition, use, structure, or activity by the person providing the horse or horses or his agents or employees*

*The undersigned assumes the unavoidable risks inherent in all horse-related activities, including, but not limited to bodily injury and physical harm to horse, rider, guest, and/or spectator. The undersigned agrees to the above and release and indemnify Twin Brook Stables, instructors, horse owners, and its employees from all liability for any injuries he/she sustain while participating in equestrian related activities, as well as, riding lessons.*

**If under 18, the parent or guardian must read and sign the above, indicting his/her acceptance. Please write legibly.**

Print Participant Name:

\_\_\_\_\_DOB:\_\_\_\_\_

Address:\_\_\_\_\_City:\_\_\_\_\_ST:\_\_\_\_Zip:\_\_\_\_\_

Contact Name: \_\_\_\_\_ Number:\_\_\_\_\_

Alternate Contact Name : \_\_\_\_\_ Number: \_\_\_\_\_

Email Address if you wish to subscribe to the farm’s newsletter for lesson students:

\_\_\_\_\_

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

Print Students Name: \_\_\_\_\_

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

Print Parent/Guardian (if minor): \_\_\_\_\_

### Payment Policy

Initial lessons are payable via cash or check. After the initial lesson, we enroll all students in our auto-pay program where packages are automatically charged via credit/debit card or automated bank transfer on the 1<sup>st</sup> of every month. The monthly package includes 4 lessons. Lessons do not carry over into the next month if you do not use all 4 lessons. Rescheduling will be at the discretion of the instructor's schedule. If you do not cancel within 24 hours you forfeit your lesson. Once enrolled, you will have access to your client portal where you can view payment history, print invoices, and update payment information.

#### Tiny Tots Twenty Minute Lesson (under 8 years old):

*Initial Lesson \$35*

Monthly Package of 4: \$120

#### One Hour Lesson

*Individual Private Lesson: \$80*

\*Package of 4: \$300

*Semi-Private Lesson: \$65*

\*Package of 4: \$240

#### Half Hour Lesson

*Individual Private Lesson: \$55*

\*Package of 4: \$200

*Semi-Private Lesson: \$45*

\*Package of 4: \$160

### Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____
Cardholder ZIP Code (from credit card billing address):	_____

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.