



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, indicating his/her acceptance. Please write legibly.

Print Participant Name: _____

DOB: _____

Address: _____ City: _____ ST: _____ Zip: _____

Contact Name: _____ Number: _____

Alternate Contact Name : _____ Number: _____

Email Address: _____

Date: _____ Signed: _____

Print Students Name: _____

Date: _____ Signed: _____

Print Parent/Guardian (if minor): _____

Payment Policy

The Client and Twin Brook Stables, LLC agree as follows:

The Services

- A. Twin Brook Stables will provide client with access to both mounted and unmounted lessons. **Twin Brook Stables, LLC will be closed for a minimum of four weeks per year to give the lesson horses a break, allow students to compete at horse shows and not to miss lessons, to run special events, and even to give riding instructors a break.** The weeks that are off will be communicated via the activities board in the main barn and emailed in our monthly newsletters.

Initial_____

Client Requirements

- A. Client must show up on time.
- B. Client must be wearing proper riding attire- boots with heels, an ASTM/ SEI certified riding helmet (one will be provided but getting your own is highly recommended), and long pants.
- C. Client must be coachable, positive, and have a good attitude!

Initial_____

Compensation and Payment Terms

- A. **Our monthly tuition price is based on the annual value.** Client will put a credit or debit card on file, and it will be automatically charged the first of every month. Charges will begin on the first day of enrollment and continue every month thereafter. If client needs to change the credit card on file, please call 860-304-6355.
- B. To keep pace with consistent rising costs, we implement a 5% price increase every April 1st and reserve the right to raise additionally based on costs.
- C. All bills must be paid in full on their due date (1st of every month). If payment fails and is not resolved within 7 days there will be a \$25 per week late fee.

Initial_____

Self-Scheduling

- A. Students will get access to an online scheduler of all of our availability- and will be allowed to book a certain amount of lessons each month. It is flexible- so you could schedule 1x a week for example- or you could take 4 lessons in one day. Lessons do not roll over into the next month. Again- we have enormous expenses and overhead to be able to offer a riding program and if you just make it to 75% of your classes you will still get enormous benefit and value.

Initial_____

Cancellation

- A. Twin Brook Stables, LLC requires a 30 day minimum cancellation notice. We have incredible expenses and financial commitments to be able to offer this program- and we depend on students who can make some commitment- as well as give us plenty of notice if they are quitting so that we have time to pull students in from the waiting list to take their place.

Initial_____

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"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize _____ Twin Brook Stables, LLC 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.

Customer Signature

Date