



CHECK # _____ DATE: _____ AMT: _____

ACADEMY STABLES, INC.
 4277 N. 109TH STREET LAFAYETTE, CO 80026
 303-665-4637

LESSON REGISTRATION & RELEASE 2023

RIDER'S NAME: _____ **DOB:** _____ **AGE:** _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **PHONE:** _____
MOTHER'S NAME: _____ **PHONE:** _____
FATHER'S NAME: _____ **PHONE:** _____
EMAIL ADDRESS(S): _____
HOW DID YOU HEAR ABOUT US? _____

PRICES: Registration for Group Lessons is on a MONTHLY BASIS **PAYMENT IS DUE on the first day of the session.**
(For example: if your your lesson is on Sunday, you are registering and paying for all the Sundays in the month. Please circle those days/dates on the calendar below.

- 30 min Private skills assessment: \$75.00 per
- 30 min Private lesson: \$75.00 per class
- 60 min Group lesson: \$60.00 per class
- Monthly **GROUP** lesson: \$240.00 or \$300.00]
- 60 min Private introduction to horses lesson: \$75.00
- 45 min Practice ride: \$45.00. * **instructor approval needed**

Please circle your regular lesson time

	S	M	T	W	TH	F	SA
	1/1	1/2	1/3	1/4	1/5	1/6	1/7
	1/8	1/9	1/10	1/11	1/12	1/13	1/14
January	1/15	1/16	1/17	1/18	1/19	1/20	1/21
	1/22	1/23	1/24	1/25	1/26	1/27	1/28
	1/29	1/30	1/31	2/1	2/2	2/3	2/4
	2/5	2/6	2/7	2/8	2/9	2/10	2/11
February	2/12	2/13	2/14	2/15	2/16	2/17	2/18
	2/19	2/20	2/21	2/22	2/23	2/24	2/25
	2/26	2/27	2/28	3/1	3/2	3/3	3/4
	3/5	3/6	3/7	3/8	3/9	3/10	3/11
MARCH	3/12	3/13	3/14	3/15	3/16	3/17	3/18
	3/19	3/20	3/21	3/22	3/23	3/24	3/25
	3/26	3/27	3/28	3/29	3/30	3/31	

Short stirrup (ages 6-8)	The objective: to familiarize new riders with the barn, the horses, how to handle horses and how to prepare the horse for riding. This is important as riders move into group lessons. The lesson will include time in the saddle but riding is not the main objective. We will learn and practice grooming and the tools of grooming, the basics of tack and tacking a horse. And we will learn basic horsemanship to begin the process of building a horse/human partnership including communication for the mutual respect and enjoyment of both horse and rider			
Long stirrup (Beginner 1) (ages 9 and up)	Hayden	MON 4:00	FRI 4:00	FRI 5:00
	Ginger	SAT 10:15		
Beginner 2:	Continued practice of Beginner 1 Basics with emphasis on learning control without as much assistance as Beginner 1 students need. Independent with ride at walk. Fine tune posting the trot.			
	Hayden	MON 5:00	THURS 5:00	
	Ginger	SAT 10:15	SAT 11:30	SAT 12:45
Advanced-Beginner 1:	Continued practice of all the above with emphasis on learning control without as much assistance as Beginner students need. Practice of consistent proper body position at the walk, trot and canter. Practice control and achieving the desired gait and speed on several different horses. Learn "light hands" with more controlled balance. Fine tune posting the trot (English & Western). Try cantering on an "easy" horse			
	Hayden	SUN 12:45	TUES 5:00	WED 4:00
	Ginger	SAT 09:00		
Advanced-Beginner 2:	Practice control with various individual and group exercises and more difficult horse choices. Practice control with various individual and group exercises and more difficult horse choices. Trot safely together as a group. Learn posting on the correct diagonal. Continue practicing "seat" for balance & control. Canter bareback on an easy horse.			
	Hayden	WED 5:00	THURS 6:00	MON 3:00
Advanced-Beginner 3:	Students are challenged with learning control by riding harder horses and working up to their "Goal Horses." Learn cantering on the correct lead. English riders will practice precision, dressage, and beginning jumping. Western riders will begin learning reining. More difficult class exercises. Canter bareback on more difficult horses. Continue practicing "seat" for balance & control. Practice control with various individual and group exercises and more difficult horse choices.			
	Hayden	SUN 11:30		
	Ginger			
Intermediate Rider :	Can ride any of our horses safely, with control. Practice control and achieving the desired gait and speed on several different horses. May still be "fine-tuning" riding their "Goal Horses" with ease and "relaxed control." Students are still learning the finer points of horse/human partnership and communication for the mutual respect and enjoyment of both. English riders are able to take most horses over higher (2.5') jumps with confidence.			
	Hayden	SUN 10:15	TUES 4:00	WED 6:00
Advanced Rider :	Advanced students can ride any of our horses with confidence, balance, and relaxed control. They have learned the basics of leadership for each horse, and can build the trust needed to ask the horse to do something outside its comfort zone. They are learning training skills and perfecting their talents at jumping, reining, or other advanced disciplines, including "Natural Horsemanship" techniques. They are comfortable with advanced bareback riding, including jumps. Practice control with various individual and group exercises and more difficult horse choices.			
	Hayden	SUN 09:00	MON 6:00	

PHYSICIAN: _____ PHONE: _____
ADDRESS: _____
HOSPITAL PREFERENCE: _____
1. EMERGENCY CONTACT: _____
2. EMERGENCY CONTACT: _____

PERTINENT MEDICAL HISTORY: we ask the following information so in the event we needed to call 9-1-1 and you could not answer for yourself, we could give medically necessary information to the Paramedics in a timely manner.

Please circle the appropriate response below pertaining to you or your child.

- | | |
|--|--|
| Yes No Previous history of concussions | Yes No Diabetic |
| Yes No Fainting episodes during exercise | Yes No Allergies |
| Yes No Epileptic/Seizures | Yes No Bee or wasp Allergies |
| Yes No Wears glasses | Yes No Epipen |
| Yes No Are lenses shatterproof? | Yes No Wears a medic alert bracelet or necklace |
| Yes No Wears contact lenses | Yes No Surgery in the last year. |
| Yes No Wears dental appliance | Yes No Has been in hospital in the last year |
| Yes No Hearing problem | Yes No Presently injured |
| Yes No Asthma | Yes No Has had an illness lasting more than a week in the past year |
| Yes No Inhaler? | Yes No Has had injuries requiring medical attention in the past year |
| Yes No Trouble breathing during exercise | Yes No Any health problem that would interfere with participation in Horse riding? |
| Yes No Heart Condition | |

If you answered 'Yes' to any of the above items, please explain/ additional information not covered above: _____

Relevant Medication: (inhaler, epicenter, etc. *please list: name, dose, frequency*): _____

Allergies: (food, medicine, environmental): _____

Relevant Medical Conditions: _____

Recent Injuries: _____

Last Tetanus Shot: _____

I understand that it is my responsibility to keep the Instructors at Academy Stables advised of any change in the above information as soon as possible.

****In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R Physician).*

I hereby authorize the physician and medical staff to undertake examination, evaluation, diagnostic testing and necessary treatment of my child. I also authorize release of information to appropriate people (instructors, physician...) as deemed necessary.

Parent _____ Phone: _____ Date: _____

Authorized Parent/Guardian's Signature

**Academy Stables, Inc. Parent/Guardian/Individual
Grant of Permission Assumptions of Risk and Liability Release Form**

Inherent Risks/ Assumption of Risk: I/we acknowledge the inherent risk involved in participating in equine activities and I/we agree to assume them. The inherent risks include, but are not limited to any to the following: The propensity of an animal to behave in ways that may result in injury, harm, death, or loss to persons on or around the animals; The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; Hazards including, but not limited to, surface or subsurface conditions; A collision, encounter and/or confrontation with another equine, another animal, a person, or an object; The potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death or loss to the participant or to other persons, including but not limited to , failing to maintain control over an equine and/or failing to act within the ability of the participant. Horses are 5 to 15 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 be at a distance of 3 1/2 to 5 1/2 feet, and the impact may result in harm to the rider. I/we acknowledge that these are just some of the risks and I/we agree to assume others not mentioned above. I am not relying on Academy Stables agents to list all possible risks for me.

Protective Headgear/Helmet Policy: Riding helmets are available for riders, regardless of age. Helmets are required for all riders under 18 and recommended for all riders.

Saddle Girth Loosening Warning: I/we acknowledge that: Saddle girths (fastener straps around the horse's belly) may loosen during riding. Riders must alert the nearest attendant of any girth looseness so actions can be taken to avoid saddle slippage and the potential for the rider to fall from the horse.

Medical Attention Grant of Permission: I, the undersigned, state that I/we are the parent(s) or guardian(s) of the student/rider or the individual named below, and do hereby grant permission and authority to Don Dimig, Shelli Dimig, authorized employees, contractors and associates to act for us in verbal telephone instructions, or, if unable to contact me, to act in my absence, when dealing with physicians, ambulances, and hospitals to obtain prompt medical attention for the student named below in the event of an emergency requiring a physician or confinement in a hospital. I further, hereby, covenant and agree to completely release Don Dimig, Shelli Dimig, employees, contractors, and authorized associates and hold them harmless for any liability connected with obtaining prompt medical attention for the student named below.

Liability Release: I/we agree that: In consideration of Academy Stables, Inc. allowing my participation in any activity, under the terms set forth herein, I for myself and on behalf of my child and/ or legal ward, heirs, administrators, personal representatives or assigns do agree to release, hold harmless, and discharge Academy Stables, Inc, Don Dimig, Shelli Dimig, agents, employees, contractors, officers, directors, representatives or assigns, members, owners of premises and trails, affiliated organizations, and insurers, and any others acting on the stable's behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to ACADEMY STABLES and/or ITS ASSOCIATE'S ordinary negligence or legal liability; and do further agree that except in the event of this stable's gross negligence and/or willful and/or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against Academy Stables, Inc and its Associates as stated above in this clause for any economic and non-economic losses due to bodily injury and/or death and/or property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of Academy Stables, Inc. and its Associates, whether on or off the premises of Academy Stables, Inc. and its Associates, but not being limited to Academy Stables, Inc. premises.

I/we acknowledge the existence of Colorado laws, as posted on the property and identified below that prohibits suits against horse professionals up to and including death, and hereby covenant and agree to completely release Academy Stables, Inc., and other authorized persons and hold them harmless for any injury or damage the student may sustain or cause while riding, attending horses, or participating in any lesson.

WARNING: Under Colorado law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 13-21-119, Colorado Revised Statutes.

I/we, the undersigned, represent that I/we have read and do understand the foregoing agreement, liability release and assumptions of risk agreement. I/we understand that by signing this document I/we am giving up rights to sue today and in the future. I/we attest that all facts are true and accurate. I am signing this while of sound mind.

Rider Name (Required): _____

Parent name printed (Required): _____

Parent/Rider Email Address (Required): _____

Emergency Contact and Phone # (Required): _____

Rider's Signature if 18+ yrs of age.
Rider Name (Requires)

Parent/Guardian Signature if Minor.

Date

PLEASE COMPLETE ALL 3 PAGES