



ACADEMY STABLES, INC.

4277 N. 109TH STREET LAFAYETTE, CO 80026 ■ 303-665-4637

LESSON REGISTRATION & RELEASE 2024

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? _____

TYPE/LEVEL OF RIDING EXPERIENCE & SKILLS LEARNED:

- NO PREVIOUS RIDING EXPERIENCE
- TRAIL RIDES ONLY
- PREVIOUS LESSONS
- BEGINNER (WALK)
- INTERMEDIATE (TROT, POSTING TROT)
- ADVANCED (CANTER, JUMPING, ETC)
- CURRENTLY IN LESSONS AT ANOTHER BARN
- CURRENTLY IN LESSONS AT ACADEMY STABLES

PAYMENT AGREEMENT

+ FOR PROFESSIONAL SERVICES RENDERED: RIDING LESSONS, I AGREE TO PAY **ACADEMY STABLES** THE TOTAL SUM OF:

- \$65.00 PER LESSON FOR GROUP LESSONS WITH 3 OR MORE RIDERS (G)
- \$75.00 FOR SEMI-PRIVATE LESSONS (SP)
- \$70.00 FOR A THIRTY (30) MINUTE PRIVATE LESSON (P3)
- \$80.00 FOR A SIXTY (60) MINUTE PRIVATE LESSONS (P6)

+ I UNDERSTAND AND AGREE THAT I AM FINANCIALLY RESPONSIBLE FOR PAYMENT FOR ALL SERVICES RECEIVED IN THE AMOUNT STATED ABOVE.

+ I AGREE TO PAY THE AMOUNT STATED ABOVE ON THE FIRST LESSON OF THE MONTHLY SESSION.

+ I UNDERSTAND THAT ANY BALANCE NOT PAID IN FULL WILL ACCRUE A MONTHLY SERVICE CHARGE OF 1%.

+ PAYMENTS SHALL BE DEEMED DELINQUENT IF NOT RECEIVED BY THE SECOND LESSON OF THE SESSION.

+ IF ANY SCHEDULED PAYMENT RELATED TO THIS AGREEMENT IS DEEMED DELINQUENT DURING THE TERM OF THIS AGREEMENT, THE AGREEMENT SHALL BE CONSIDERED TO BE IN DEFAULT, AND THE ENTIRE AMOUNT, PENALTY, AND INTEREST OWED SHALL BE DUE AND PAYABLE IMMEDIATELY.

LESSONS

PLEASE BE AWARE THAT ALL RIDERS WITH PREVIOUS RIDING EXPERIENCE ARE EXPECTED TO COMPLETE A RIDING ASSESSMENT BEFORE BEING PLACED IN A GROUP LESSON. GROUP RIDING LESSONS ARE 60 MINUTES LONG AND **DO NOT INCLUDE GROOMING AND TACKING TIMES.**

PAYMENT TERMS

ONCE YOUR LESSON SPOT IS CONFIRMED, YOU WILL BE EXPECTED TO PAY ON THE FIRST OF THE MONTH FOR THE UPCOMING MONTH OF LESSONS. NO DEPOSIT IS REQUIRED IN ADVANCE, HOWEVER WE DO OPERATE WITH A CANCELLATION POLICY. PLEASE SEE BELOW.

CANCELLATION POLICY

PLEASE BE AWARE THAT WE WILL BE ENFORCING A 24 HOUR CANCELLATION POLICY ON LESSONS. IF YOU PROVIDE 24 HOURS NOTICE YOU WILL BE ALLOWED TO MAKE UP ONE LESSON PER MONTH. HOWEVER, IF YOU CANCEL OR DO NOT SHOW UP FOR YOUR LESSON ON THE DAY OF YOUR LESSON, YOU WILL FORFEIT 100% OF THAT DAY'S LESSON FEE.

REFUNDS AND EXCHANGES

WE DO NOT ISSUE REFUNDS FOR SERVICES.

PRICE ALTERATION

WE RESERVE THE RIGHT TO ALTER PRICES WITHOUT PRIOR NOTICE.

PERSONAL ITEMS

PLEASE CLEAN UP AFTER YOUR SELF AND YOUR HORSE AFTER YOUR LESSON. THIS INCLUDES, BUT IS NOT LIMITED TO, GROOMING SUPPLIES, TACK, TACK CLEANING SUPPLIES, HELMETS, BOOTS, CROPS. THIS ALSO INCLUDES MUCKING THE ARENA AND THE COMMON WALK TO AND FROM THE PADDOCKS, BY THE WASH BAY, ETC. ALSO, THE LOST AND FOUND PILE GROWS ON AN DAILY BASIS. PLEASE MAKE SURE YOU RETRIEVE ALL YOUR PERSONAL ITEMS BEFORE LEAVING THE GROUND AS WE CANNOT BE HELD RESPONSIBLE FOR LOST ITEMS.

LESSON DAY/DATE: _____ CASH/CHECK #: _____ DATE: _____ AMT: \$ _____

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LESSON DAY/DATE: _____ CASH/CHECK #: _____ DATE: _____ AMT: \$ _____

PHYSICIAN: _____

ADDRESS: _____ PHONE: _____

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 HERBY 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 OR 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 OR THIS STABLE'S GROSS NEGLIGENCE AND/OR WILLFUL AND/OR WANTON MISCONDUCT, I SHALL NOT BRING ANY CLAIMS, DEMANDS, LEGAL ACTIONS AND CAUSES OR 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.

PARENT/GUARDIAN SIGNATURE IF MINOR.

DATE

PLEASE COMPLETE ALL 3 PAGES