

Saving Grace Horse Rescue



Lessons Leasing Board

204 John Scott Rd
Aiken, SC 29803

Riding Lessons Registration Form

Student

STUDENT NAME _____ AGE _____ GENDER _____
STREET _____ CITY _____ STATE _____ ZIP _____
PHONE # _____ CELL _____ EMAIL _____
EMERGENCY CONTACT _____ PHONE _____

Riding Lesson:

Costs: Payments are due in full at least 2 days prior to assure you retain your place for a lesson.

Price: 1 scheduled riding lesson for 1 hour per week \$30/week

***We only do lessons between 9am-12 and 1-4 on Fridays**

Total amount due \$ _____ Check # _____
Card type: Visa, MasterCard, American Express # _____
Exp. Date: _____ CCV# _____

I authorize Saving Grace Horse Rescue to charge the above account for payments related to the services requested in this application.

Signature: _____

Date: _____

*Please make checks payable to **Saving Grace Horse Rescue**

Mailing address **204 John Scott Rd Aiken SC 29803

Please read and be certain you understand the implications of signing
Express Assumption of Risk Associated with Horse Riding, Trail and Pony Rides,
Instructions/Lessons, and Related Activities

In consideration of the participant, _____ being allowed to participate in the programs conducted by Saving Grace Horse Rescue and to engage in all activities related to the programs, including but not limited to those listed on the registration form, I, the undersigned, on behalf of myself and the above-named participant, do hereby waive, release and forever discharge, and indemnify and hold harmless, Saving Grace Horse Rescue and its owner, volunteers, staff, and representatives from any and all claims, suits, actions, damages, losses, liability, costs and expenses (including attorneys fees and court costs), of any kind or nature whatsoever, incurred for injuries and/or damages to person and/or property, including those caused by the negligent act or omission of any of the foregoing persons or entities, arising out of, resulting from or in connection with participation by the above-named participant in the program. (PLEASE INITIAL)_____

I understand that participation in these programs is potentially hazardous and can result in serious injury, and I am voluntarily allowing the above-named participant to participate in these programs with knowledge of the dangers involved. I hereby expressly assume and accept, on behalf of myself and the above-named participant, any and all risks of injury and death. By signing this I also assume liability for all spectators i.e. anyone, including myself, that I bring onto the property. (PLEASE INITIAL)_____

I understand that participation in these programs may not be advisable for certain individuals, including but not limited to persons suffering from heart disease, diabetes, high blood pressure or low blood pressure and other conditions and illness, and persons taking medication. I hereby acknowledge that I have been advised to seek advice from a physician regarding the above-named participant's participation in these programs. I also acknowledge that it has been recommended that the above-named participant have regular physical examinations and consultations with his/her physician as to participation in these programs. I acknowledge that the above-named participant has either had a physical examination and has been given his/her physician's permission to participate, or that I have elected to allow the above-named participant to participate without the approval of his/her physician and I do hereby assume all responsibility for participation by the above-named participant in these programs. (PLEASE INITIAL)_____

I certify that I have read and understand all of the foregoing and that, by signing this Informed Consent and Release of Liability, I intend to be bound legally and to bind the above-named participant, and our respective heirs, executors, administrations, successors and assigns.

Participant's Name: _____ Date: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

AGREEMENTS AND DISCLAIMERS AGREEMENT:

In signing this agreement for my child, I certify that he/she is able to participate fully in the program unless otherwise stated in writing to Saving Grace Horse Rescue. I understand that I may withdraw from any programs with no penalty until the session due date. After the due date I will forfeit all costs unless placement is filled from waiting list. I understand and agree to the policies and payment obligations stated. I give Saving Grace Horse Rescue permission to use any photographs or video displays of my child for promotional purpose or other legitimate reason.

PARENT OR GUARDIAN SIGNATURE_____

WARNING: UNDER SOUTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA, 1976.