

Liability Release

I understand that horses are unpredictable and even the most docile animal can and may step on, bite, push off balance, stumble, throw, or otherwise injure any person working with or around it. I will exercise safety precautions for my own protection, and I agree to abide by the policies and procedures of Girard Training Stables, as such policies may be amended from time to time. I also agree to exercise proper care and conduct at all times while on or near any horse.

Neither Girard Training Stables, nor any of its officers, instructors, volunteers, participants, employees, agents or owners of the property where Girard Training Stables' events are conducted shall be held liable for any claims, demands, injuries, or damages, arising out of or in connection with my participation in any Girard Training Stables event.

I further acknowledge that I will not hold Girard Training Stables, its officers, instructors, volunteers, participants, employees, agents or owners of the property where Girard Training Stables events are conducted, liable or responsible for any injury sustained by me while participating in activities at sites where horse therapy classes and related events may be held. I ride and/or participate at my own risk, and agree to take all necessary precautions to prevent any and all accidents. These precautions include, but are not limited to, the wearing of protective headgear.

I hereby release Girard Training Stables, its officers, instructors, volunteers, participants, employees, agents as well as the owner of the property, where lessons, horse shows or other Girard Training Stables events occur, from all liability for property damage and personal injury to me, and I assume the risk of injury which I may sustain arising from approaching, handling, or riding a horse in connection with Girard Training Stables activities.

This agreement shall apply to any horse or horses being used or maintained upon the grounds where a Girard Training Stables event is being held, or any person or equipment affiliated with said event.

Furthermore, I assume full responsibility and liability for the conduct and safety of any and all persons I bring onto the property where Girard Training Stables events are conducted, including minors.

Warning: Under Arizona Law, an equine activity sponsor or equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to A.R.A. s 12-553.

I have read and understand all of the above and waive any claim which may arise from Girard Training Stables, its officers, instructors, volunteers, participants, employees, agents or owners of the property where Girard Training Stables events are conducted.

This agreement is effective upon signing and continues so long as I participate in Girard Training Stables events.

I agree to pay all costs and attorneys' fees arising from any suit, legal proceedings or threatened proceedings that are or may be brought by me contrary to the terms of this Agreement.

Name of Rider or Parent/Guardian (Print)
(Parent/Guardian must sign if rider is under age of 18)

Date

Signature of Rider or Parent/Guardian

Date



Policies and Procedures

Dress Code for Riders

Initial _____

- Clients must wear close toed shoes. Boots are best but athletic shoes are acceptable. We keep a “boot box” in the tack room with gently used boots. If you can find a pair that fits, you may use them for your lessons.
- Long pants are required.
- Helmets must be worn during all riding activities. GTS can provide you with an acceptable helmet or you may purchase one of your own.

Instructor Cancellations

Initial _____

We try our best to avoid cancelling lessons. On windy, rainy, or muddy days, we will do a non-riding lesson in the barn or around the property.

However, we will cancel lessons under the following circumstances:

- Instructor illness with no one able to cover lessons
- Extreme weather that is dangerous to drive in

If we have to cancel, GTS will assume responsibility for scheduling a make-up lesson with the client.

Late Arrivals, Client Cancellations, and No-Shows

- Please arrive 5 to 10 minutes prior to the start of your lesson. If you are going to be late, please call or text your instructor and let them know. If you are more than **15 minutes** late, you will be considered a **no-show** and **no** credit or make-up will be issued. *Initial* _____
- Should the need arise for you to cancel your lesson, we ask for a **minimum** of 24 hours’ notice. There are **no** refunds or make-up lessons given for client-cancelled lessons. *Initial* _____
- If you miss a lesson without prior notice, you will be considered a no-show. You **will** be charged the full amount and will **not** be eligible for a make-up. More than three no-shows are subject to dismissal from our program. *Initial* _____

Lessons, Payments and Billing

Initial _____

At Girard Training Stables, our programs focus on teaching riding and horsemanship skills while challenging our participants physically, cognitively, and socially. We offer three types of lessons to achieve these goals. ***Please select the type of lesson you wish to participate in:***

- 30 minute lesson (**\$35, adaptive only**) - This lesson is for students who cannot groom, tack or mount their horse without continuous support and assistance. Their horse will be groomed and tacked upon the student’s arrival, and they will ride for approximately **25** minutes.
- 60 minute lesson (**\$35 traditional, \$45 adaptive**) - Students begin by catching, grooming, and tacking their horse, ride for approximately **30** minutes, and end the lesson by untacking their horse and doing barn chores.
- 90 minute lesson (**\$45, traditional only**) - Students begin by catching, grooming, and tacking their horse, ride for approximately **45** minutes, and end the lesson by untacking their horse and doing barn chores.

Payment is due at the **first** lesson of your session (month.) A late fee of \$20 will be assessed if payments are not received before the second lesson of your session, and a \$25 fee will be charged for checks returned due to insufficient funds.



Authorization for Emergency Medical Treatment

Name _____ DOB: __/__/____ Phone: (____) - ____ - _____

Address: _____ City _____ State _____ Zip _____

Physician: _____ Preferred Medical Facility: _____

Insurance: _____ Policy # _____

Allergies: _____ Medications: _____

In Case of Emergency, contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Girard Training Stables to: 1. Secure and retain medical treatment and transportation if needed. 2. Release client records upon request to the authorized agency involved in the medical emergency treatment. 3. Authorize any treatment or procedure, including but not limited to x-ray, surgery, hospitalization, medication and any treatment or procedure deemed "lifesaving" by the physician. This provision will only be invoked if the emergency contact person(s) above cannot be reached.

Name of Rider or Parent/Guardian (Print) _____
(Parent/Guardian must sign if rider is under age of 18) Date

Signature of Rider or Parent/Guardian _____
(Parent/Guardian must sign if rider is under age of 18) Date

OR: I do **not** give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

Name of Rider or Parent/Guardian (Print) _____
(Parent/Guardian must sign if rider is under age of 18) Date

Signature of Rider or Parent/Guardian _____
(Parent/Guardian must sign if rider is under age of 18) Date



Media Release

From time to time, Girard Training Stables may take photos or videos of their clients, families, and volunteers. We reserve the right to use and reproduce any and all photographs and any other audiovisual materials for promotional material, educational activities, social media, and any other activity that benefits GTS unless the client indicates otherwise.

I consent_____

I do NOT consent_____

Name of Rider or Parent/Guardian (Print)
(Parent/Guardian must sign if rider is under age of 18)

Date

Signature of Rider or Parent/Guardian
(Parent/Guardian must sign if rider is under age of 18)

Date

