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| Office Use Only: Application Date: ____/____/____ Payment Date: ____/____/____ Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card |
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PRIVATE RIDING & DRIVING LESSON APPLICATION

GENERAL INFORMATION

Applicant Name: _____ Check: Male Female

Height: _____ Weight: _____ Date of Birth: ____/____/____

Parent/Legal Guardian: _____ Ethnicity: _____
Not required; for grant application purposes only.

Phone: (Home) _____ (Cell) _____ (Work) _____

Address: _____ City: _____ State: _____ Zip Code: _____

County: _____ E-Mail: _____

Name of Current School: _____

Referral Source: _____

SCHEDULING INFORMATION

DURING SESSION, NORMAL LESSON TIMES ARE MON. – SUN. FROM 8:00 AM – 4:00 PM. EACH STUDENT RIDES ONE TIME PER WEEK ON THE SAME DAY, AND AT THE SAME TIME; EACH LESSON LASTS 1 HR (INCLUDES GROOMING AND TACKING UP).

For scheduling purposes, please fill in ALL the times you or your child will be available to ride on each day. Please keep in mind that the weekend and after school hours are our busiest times. (We will choose one day and time for you or your child to ride on a weekly basis)

| | |
|------------------|-----------------|
| Monday: _____ | Friday: _____ |
| Tuesday: _____ | Saturday: _____ |
| Wednesday: _____ | Sunday: _____ |
| Thursday: _____ | |

RIDING HISTORY

Please give a brief history of the rider's horse experience: _____

Type of Lessons

Please check one of the following styles:

- English
- Hunt Seat Equitation Ridden Dressage Jumping
- Western
- Carriage Driving

Payment for Lessons

Riding Lessons: \$60 per lesson for 12 weekly lessons for a total of \$720
\$360 is due with application
\$360 is due by the third lesson

Carriage Driving Lessons: \$75 per lesson for 12 weekly lessons for a total of \$900
\$450 is due with application
\$450 is due by the third lesson

- Please make **checks** payable to SpiritHorse Therapeutic Riding Center
- To pay with a **credit card** go to our website (www.spirithorsetherapy.com) and click on Paypal donate button.



PHOTO AND VIDEO CONSENT

I, _____ consent _____ or **do not** consent _____ to authorize the use and reproduction by SpiritHorse Therapeutic Center of any and all photographs, video/audio materials taken of me for the purpose of on-going studies, educational activities, exhibitions, promotional materials or for any other use for the benefit of the program.

Signature: _____ Date: ____/____/____

If under 18 years of age, parent/guardian signature required below.

Signature: _____ Date: ____/____/____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Applicant's Name: _____ Date of Birth: ____/____/____ Phone: (____)_____

Applicant's Address: _____ City: _____ State:____ Zip Code:_____

Medical Facility:_____ Phone: (____)_____

Physician's Name:_____ Phone: (____)_____

Health Insurance Company:_____ Policy #:_____

Allergies to Medications:_____

Current Medications: _____

Emergency Contacts:

Name: _____ Relation:_____ Phone: (____)_____

Name: _____ Relation:_____ Phone: (____)_____

Name: _____ Relation:_____ Phone: (____)_____

In the event 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 SpiritHorse Therapeutic Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release volunteer records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

I **DO** give authorization that may include x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the emergency contact person(s) above is unable to be reached.

Signature: _____ Date: ____/____/____

If under 18 years of age, parent/guardian signature required below.

Signature: _____ Date: ____/____/____

Non-Consent Plan

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. In the event emergency treatment aid is required; I wish the following procedures to take place: _____

Signature: _____ Date: ____/____/____

If under 18 years of age, parent/guardian signature required below.

Signature: _____ Date: ____/____/____

SPIRITHORSE THERAPEUTIC RIDING CENTER RELEASE OF LIABILITY

This Release of Liability is made and entered into on this date ____/____/____ and for thereafter between Charles I. Fletcher (Executive Director) and SpiritHorse Therapeutic Center and _____ (The Participant); and, if Participant is a minor, their Parent or Legal Guardian _____.

In return for use, today and on future dates, of the property, facility and services of the Executive Director, the Participant, his heirs, assigns and legal representatives, hereby expressly agree to the following:

1. It is the responsibility of the Participant to carry full and complete insurance coverage on his/her horse if he/she owns or leases one, personal property, and him/her self.
2. Participant agrees to assume Any And All Risks Involved In Or Arising From Participant's Use Of Or Presence Upon SpiritHorse Therapeutic Center, and the Executive Director's Property And Facility including without limitation the risk of death, bodily injury, property damage, all kicks, bites, collisions with vehicles, horses, or stationary objects, fire or explosion, the unavailability of emergency care, or the negligence or deliberate act of another person.
3. Participant agrees to hold SpiritHorse Therapeutic Center, the Executive Director and all its successors, assigns, subsidiaries, franchises, affiliates, officers, directors, employees and agents completely harmless and not liable, and releases them from all liability whatsoever, and Agrees Not To Sue them on account of, or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of the Participant's use of or presence upon SpiritHorse Therapeutic Center, and the Executive Director's property and facility, including without limitation, those based on death, bodily injury, or property damage, including consequential damages.
4. Participant agrees to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know or suspect to exist at the time of executing this release.
5. Participant agrees to indemnify and defend SpiritHorse Therapeutic Center and the Executive Director against, and hold it harmless from any and all claims, causes of action, damages judgments, costs or expenses, including attorney's fees, which in any way arise from the Participant's use of or presence upon SpiritHorse Therapeutic Center and the Executive Director's property or facility.
6. Participant agrees to abide by all of SpiritHorse Therapeutic Center's and the Executive Director's safety rules and regulations.
7. If Participant is using his/her horse, the horse shall be free from infection, contagious or transmittable disease. SpiritHorse Therapeutic Center and the Executive Director reserve the right to refuse horse if not in proper health, or is deemed dangerous or undesirable.
8. This contract is non-assignable and non-transferable, and is made and entered into in the State of Texas, and shall be enforced and interpreted under the laws of this State. Should any be in conflict with State law, then that clause is null and void. When SpiritHorse Therapeutic Center, the Executive Director and Participant, or Participant's Parent or Legal Guardian if Participant is a minor, sign this contract, it will then be binding on both parties, subject to the above terms and conditions.
9. Warning: Under Texas law (Chapter 87 Civil Practice and Remedies code) an Equine Professional is not liable for an injury to and/or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Signature: _____ Date: ____/____/____

If under 18 years of age, parent/guardian signature required below.

Signature: _____ Date: ____/____/____

DIRECTIONS TO SPIRITHORSE

From the Lewisville area:

- Go north on I-35E towards Denton.
- Exit Shady Shores Road/Post Oak Drive. (We are the 5th exit after you cross Lake Lewisville and is also exit for Bill Utter Ford).
- Turn left across the bridge to go west on Post Oak.
- Go straight for one mile.
- You will see black board fencing on the left and at a break in the fencing there are two driveways, side by side.
- Take the second drive. There is a small black SpiritHorse Sign at the road.

From Plano:

- Go west on Hwy 121 to I-35E in Lewisville. Follow directions from Lewisville, above.

From Denton:

- Go south on I-35E towards Dallas.
- Take the Post Oak Drive/ Shady Shores exit, which is the second exit past the Golden Triangle Mall.
- Turn right on Post Oak.
- Go straight for one mile.
- You will see black board fencing on the left and at a break in the fencing there are two driveways, side by side.
- Take the second drive. There is a small black SpiritHorse Sign at the road.

From Argyle:

- From Hwy 377, turn right (east) on Hwy 407.
- Turn left on FM 1830.
- Turn right on Hickory Hill.
- Turn left on Hilltop Rd. Ignore Hilltop as it turns left, continue straight (this is Old Alton Road, which is unmarked).
- Follow to a "T", and turn left on Old Alton Road.
- At the first stop sign, turn right on Teasley (FM 2181).
- Turn left on Post Oak Dr. (immediately before a vet clinic).
- Go thru stop sign, continue ½ mile, SpiritHorse will be on your right.
- There is a small black SpiritHorse Sign at the road.



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