



LAKE OSWEGO HUNT RIDING ACADEMY

Rider Name: _____ Rider DOB: _____

Parent Name (if minor): _____

Address: _____

Mobile Phone: _____ Emergency Phone: _____

Parent Email Address: _____

Non-Member 2009 / 2010 Rates:

Initial Evaluation - Private, 60 minutes \$60

GROUP LESSONS- 3-6 students, 1 hour

Prepaid Monthly: (ask about our family discount rates)

1 lesson/week - 4/month \$220

2 lessons/week - 8/month \$380

Pay per lesson: \$65/ea

Family Rates per Rider: (Prepaid Monthly Only)

1 Lesson/week – 4/Month \$180

2 lessons/week - 8/month \$340

PRIVATE LESSONS – 1 hour

Single Private Lesson \$75

Prepaid Private Lesson Package – (for first-time beginner riders only)

4 private lessons \$250

PARTIAL HORSE LEASE - per month: 8 lessons plus 4 pre-scheduled hacks \$600

Grooming & Tack-up Service per Ride – To be arranged in advance \$20

1. I understand that the purchase of lessons is not transferable and the purchase is non refundable.
2. I understand that I must sign up for specific class times. Horses and teacher schedules are based on attendance, and so should I fail to notify the school 24 hours in advance I will forfeit any missed classes.
3. In the event I need to cancel I understand that I must schedule a make up lesson by the end of the month or I forfeit the money paid to hold the lesson slot. I understand that this policy will be strictly enforced.
4. I have been given a copy of the safety rules and I understand that if the rider does not comply with the rules the right to ride may be revoked. I accept that should that happen no refund will be given.
5. Hold Harmless and Emergency Medical Treatment Release:

I understand that the caring for and riding of horses are inherently dangerous activities. I understand that riding and working around horses will include mishaps such as falling off which may result in injury or death. I agree to indemnify and hold harmless Lake Oswego Hunt, Inc., its assignees, and each of its employees from and against all claims and liabilities including incidental cost and expenses, for injury to or death of any person or persons, or for loss or damage to any property, including any horse, arising from or in any way connected with the performance of services or the teaching provided by Lake Oswego Hunt, its assignees or employees. I further release Lake Oswego Hunt to authorize emergency medical treatment for me or my minor child should such treatment be needed, and I agree to pay for such treatment if so authorized. By my signature below I certify that I have read, understand, and agree to these terms. If I am signing for a minor, I certify that I have the legal authority as parent or guardian of this child to enroll this child and to sign this release.

Responsible Party's Signature Date