

Summer 2011 Lesson Registration and Release

STUDENT: _____

Address: _____ City _____ Zip _____

Date of Birth _____ Age ____ Sex ____

Email (required) _____

PARENT/GUARDIAN: Name _____

Phone (Home): _____ Cell/Bus.: _____

Emergency Contact: (Name) _____ (Phone) _____

Emergency Medical Info. (Physician) _____ Phone _____

Medications/Allergies: _____

Insurance _____ Policy # _____

- Group A- \$475/Session-- 1 Hour weekly Group (4-5students) lessons
- Or- 45 min weekly small Group (2-3 Students) lessons**
- Group B- \$550/Session-- ½ Hour weekly Private Lessons**
- A la Carte lessons- \$65/lesson** **Partial Lease** **Half Lease** **Full Lease**
- Check # _____ Amount _____**
- Visa** **MasterCard** **Discover**

Card # _____ Exp Date: _____

STATE OF NORTH CAROLINA UNION COUNTY-Release Agreement and Assumption of Risk

IN CONSIDERATION of the covenants herein contained and agreement with Providence Equestrian Center Inc., it's officers, agents and employees, for My Child __ My Ward __ (check one)(*First, Last Name*) _____ to receive instruction in horseback riding and all activities incidental thereto, or to engage in horseback riding at the **Providence Equestrian Center Inc.**, I do hereby release and discharge Providence Equestrian Center Inc., its officers, agents and employees from all claims, demands, actions, judgments and executions which I, my child or ward or our heirs, executors, administrators or assigns as applicable, may have, or claim to have, against Providence Equestrian Center Inc., it's agents or employees, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above-described activities. I assume for my ward or child, or I if applicable, all risks associated with those activities. I certify that I (or my child or ward if applicable) have no medical conditions that would be aggravated by or make it dangerous for me to participate in the above activities. I agree to abide by the posted rules and regulations of the Providence Equestrian Center Inc. and to obey the instructions of the staff.

I have read this RELEASE and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

I understand all of Pecs's policies and agree to abide by them.

Signature (Parent/Guardian) _____ Date: _____