

Thorncroft Equestrian Center

190 Line Road, Malvern, PA 19355

Office: 610.644.1963 Fax: 610.644.9342 thorncroft.org

Participant Release

My relationship to Thorncroft is as a: Rider Volunteer Staff Community Service Visitor

Volunteers 18 years and or older must have proof of a current/clear Pennsylvania Child Abuse History Clearance (this is a State Law) before they can attend Volunteer Training. Those doing service/school or community service hours, are responsible for keeping a copy of their hours when they leave, Thorncroft will not keep track of your hours.

Participant Name: _____ **Participant Date of Birth:** _____

Riders only, please note the height: _____ **and weight:** _____ **lbs.** Thorncroft strives for inclusion of all body sizes, and while our herd is currently conformationally able to accommodate a rider weight of 200 lbs. or less, everyone is invited to become a part of the Farm family. Unmounted, ground lessons are available to all.

If participant is under 18, name of: Parent(s), Guardian, Caregiver (please circle): _____

If you are married, the name of your spouse: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **Email:** _____

If this is a rider release, please note below the name and address of the person(s)/organization responsible for payment of lessons:

Name: _____ **Cell Phone:** _____

Address: _____ **Email:** _____

IN CASE OF EMERGENCY, PLEASE CONTACT Parent(s) Spouse/Partner Guardian/Caregiver

Name: _____ **Phone:** _____

LIABILITY RELEASE In consideration of accepting _____ (participant's name) in the riding program, or any other activity at Thorncroft, I understand that horses are unpredictable by nature and I voluntarily assume the risks and dangers involved. I hereby, intending to be legally bound, for myself, my heirs, executors or administrators, waive and release all claims for damages I may have against Thorncroft Equestrian Center/Thorncroft Therapeutic Horseback Riding, Inc., its Owners, Instructors, Volunteers, Aids and or Employees for any and all injuries and or loses. A non-employee is not covered by Thorncroft's worker's compensation policy. Respecting the ability of the horses, Thorncroft is unable to provide services to riders with a weight of over 200 pounds. Thorncroft is not responsible for any personal items ie: helmets, cell phones, etc.

Initials: _____

MEDICAL RELEASE The above participant hereby (check one) "Consents _____", "Does not consent _____" to any medical, dental, or surgical treatment or procedure of an emergency nature that is reasonably necessary to save the life of the person named above or to restore the person to health. I understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future payment of incurred bills.

Initials: _____

HELMET REQUIREMENT & SUGGESTED RIDING ATTIRE: An ASTM-SEI approved helmet is required while mounted. I have been advised to wear hard soled shoes and pants in and around the stables and while working with or riding horses, so as to help prevent horse-related injuries. (Open toe shoes are not allowed in the stable area).

Initials: _____

INSURANCE: The above named participant carries accident/medical insurance: Yes No

Name of Insurance Co. _____ Policy #: _____

Initials: _____

PHOTO/SOCIAL MEDIA RELEASE: The above named participant hereby "Authorizes _____", "Does not authorize _____" the use and reproduction by Thorncroft Therapeutic Horseback Riding, Inc. of any and all photographs taken for promotional and or printed materials.

Initials: _____

POLICY OF CONFIDENTIALITY: All information including but not limited to, personal, medical, and financial documents are confidential among all participants, volunteers, and staff. Confidentiality is considered one of our most basic responsibilities.

Initials: _____

COST OF LESSONS - WE OFFER THE FOLLOWING PAYMENT POLICIES, YOU MAY CHOOSE ONE

- (1) Pre pay for the month: \$175.00 by the 7th of the current month
 - (2) Be billed \$200.00 at the end of the month
 - (3) New arrivals, first month you may pay by the lesson \$50.00 each ½ hour private or a one-hour group lesson
 - (4) If you are going to be absent for a month you may "hold" your lesson time for \$90.00 per month.
- Lesson times not held are not guaranteed to be available upon your return.

Initials: _____

Bills are due upon receipt. Lessons will be discontinued for any amount past due 90 days or over. Payment and a signed release for new riders must be received before the first lesson. **There are no make ups for missed or canceled lessons**, you may not pay "by the lesson".

Initials: _____

PAYMENT METHODS: Thorncroft accepts online payments for lessons at thorncroft.org via credit card, via check payable to Thorncroft, or over-the-phone payments at 610-644-1963 via credit card. If you elect to pay by cash, you may obtain a cash receipt from the office. If you pay by mail, please remit payment to the above address payable to Thorncroft. Please include on your check the rider's name, instructor's name and the month being paid.

Initials: _____

MISSED LESSONS: If you are unable to attend a lesson, please call 610-644-1963 and leave a message for your instructor. This courtesy will offer time out in the fields for a horse that may otherwise be kept in the stall. Four absences with no notice will result in lessons being discontinued.

Initials: _____

TEC CLOSINGS: December 31 at 5pm, January 1, Memorial Day Weekend Fri - Mon, July 4, 5K Trail Run at 3 pm, Labor Day, Thanksgiving, December 24 at 5pm, and December 25. Make-up lessons or rescheduling of lessons on these days is not available.

Initials: _____

INCLEMENT WEATHER: If the barn is closed our answering machine will have a message stating "The barn is closed."

Initials: _____

TERMINATING LESSONS: We would appreciate notification two weeks before you plan to discontinue lessons. In the interest of better serving our riders, we would like to have additional information as to why you are terminating lessons.

Initials: _____

HORSE CARE: If physically able, each student is responsible for preparing his or her horse for the lesson (grooming, tacking up, sweeping up after the horse, etc.). Please plan on an additional ½ hour before and after each lesson to tack up and untack your horse/pony. There is barn help available to help you prepare.

Initials: _____

BEHAVIOR AND ZERO TOLERANCE REGARDING DISCRIMINATION/ HARASSMENT: TEC will not engage in or tolerate unlawful discrimination (including any form of unlawful harassment or retaliation) on account of a person's sex, pregnancy, age, race, color, religion, creed, national origin, ancestry, citizenship, immigrant status, military status, veterans status, disability, handicap, genetic information, sexual orientation, gender identity, marital status, family status, domestic partner, civil union, or ridership in any other protected group. TEC will not tolerate threatening behavior of any kind, threats towards any TEC staff member, volunteer, or student will result in immediate expulsion from TEC.

Initials: _____

NON-HARASSMENT: TEC will not engage in or tolerate any other forms of unlawful harassment. The term "discrimination" or "harassment" includes, but is not limited to, derogatory comments, slurs, offensive remarks or jokes, or other verbal, graphic, or physical conduct. Harassment also includes unwelcome sexual advances, requests for sexual favors, unwelcome or offensive touching and other conduct of a sexual nature.

Initials: _____

ACCEPTANCE OF POLICIES: I have read, understand and will respect Thorncroft's policies.

Signed: _____ Date: _____

(Signature of participant, parent, caregiver, or guardian.)