

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 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: \$200 by the 7th of the current month
2. Be billed \$225 at the end of the month
3. New riders may pay \$75 each ½ hour private or 1 hour group lesson in the first month
4. If there is a planned absence, you may “hold” your lesson time for \$90 per month

Initials: _____

BILLS are due upon receipt. Lessons will be discontinued for any amount past due 90 days. Payment and signed release for new students must be received before the first lesson. **There are no make ups for a missed or cancelled lesson and you may not “pay by the lesson.”**

Initials: _____

PAYMENT METHODS:

1. Pay for your lessons Online. Online payments are the preferred method of payment. www.thorncroft.org Go to Programs and Clinics, Programs, Weekly Lessons and scroll down to “Pay Lesson Fees Online.”
2. You may pay for your lessons in person. Please put your check in the white box located on the wall in the waiting area of the Main Arena. This box is locked at all times. Do not hand your check to an instructor. Put the rider’s name in the memo of the check.
3. If you pay by mail, please remit payment to the following address payable to Thorncroft: 190 Line Rd. Malvern, PA 19355. Put the rider’s name in the memo of the check.

Initials: _____

MISSED LESSONS: If you are unable to attend a lesson, please call 610.644.1963 or call your instructor directly. This courtesy will offer time out in the fields for horses that may otherwise be kept in the stall. Multiple absences or no shows will result in rider losing their lesson time.

Initials: _____

HOLIDAY/EVENT CLOSINGS: New Year’s Eve at 5pm, New Year’s Day, Memorial Day Weekend Friday through Monday, 4th of July, Thorncroft 5K at 3pm, Labor Day, Thanksgiving, Christmas Eve at 5pm and Christmas Day. **THERE ARE NO MAKE UPS FOR HOLIDAY CLOSINGS.**

Initials: _____

INCLEMENT WEATHER: A Thorncroft instructor will always be available to teach. If inclement weather prevents you from attending your lesson, please call 610-644-1963 or call your instructor directly.

Initials: _____

TERMINATING LESSONS: If you plan to discontinue lessons, Thorncroft requires notification in writing to jordan@thorncroft.org one month prior to your last scheduled ride. In addition, to better serve our riders, we would like to have additional information as to why you are terminating lessons.

Initials: _____

HORSE CARE: If appropriate for ability and skill level, each student is encouraged to prepare his or her own horse for the lesson. This includes grooming, tacking up and tidying up after your horse. Plan to spend an additional 30 minutes before and after scheduled lesson time. There will always be assistance and supervision in the barn.

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.)