

Heritage Place Equestrian  
T.R.E.A.T. Riding Forms  
708 Old Rutherford Road, Taylors, SC 29687  
(864) 877-2583

**NON T.R.E.A.T. Rider Lesson Forms**

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Time of Lesson \_\_\_\_\_ Cost of Session \_\_\_\_\_

Gender  Male  Female Race/Ethnicity (optional): \_\_\_\_\_

Address \_\_\_\_\_

School Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

List Phone Numbers and relationships to rider in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

What is your previous riding experience? Please list any instructor you have worked with.

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What do you see as your biggest challenge when riding?

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What are your goals you hope to accomplish or skills you would like to improve while taking lessons?

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## Rider's Consent & Release Form

### CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event that a medical emergency occurs where medical aid/treatment is required due to illness and/or injury, while participating in the services provided or sponsored by Heritage Place Equestrian/T.R.E.A.T. or The Brookshire Family Foundation, I give my consent and authorization to said agencies to secure and retain appropriate medical treatment/ or transportation as needed. This authorization is to include any x-ray, surgery, hospitalization, and medication. In addition, I authorize said agencies to release my child/children/or ward's records to any individual involved in order to provide medical treatment/or necessary transportation.

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Name \_\_\_\_\_ Policy # \_\_\_\_\_

Date \_\_\_\_\_ Responsible Party Signature \_\_\_\_\_  
(Parent/guardian if under 18)

### Liability Release

Under South Carolina Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, under Pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

\_\_\_\_\_ (Rider's Name) would like to participate in Heritage Place Equestrian Center's sponsored programs. I acknowledge that I have been informed and am aware the potential for risks in riding and working with equine. However I/my child/my ward feel that the possible benefits to individuals being served are greater than the risks I have chosen to assume. I hereby am intending to be legally bound, for myself, my heirs, assigns, executors, and/or administrators, waive and release forever all claims for damages against Heritage Place Equestrian, The Brookshire Family Foundation, its Board of Directors, Advisory Board, Instructors, Therapist, volunteers, agents, and representative of any kind for any an all injuries, damages, claims, demands, causes of actions, law suits, and/or losses I/my child/my ward may sustain while participating in any said program sponsored or held by Heritage Place Equestrian or The Brookshire Family Foundation.

Date \_\_\_\_\_ Responsible Party Signature \_\_\_\_\_  
(Parent/guardian if under 18)

### Photo Release

I hereby consent to and authorize the use and reproduction by Heritage Place Equestrian Center and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, exhibitions, or for any other beneficial use to the program.

Date \_\_\_\_\_ Responsible Party Signature \_\_\_\_\_  
(Parent/guardian if under 18)

### Guardian/Participant Clause

I understand that the treatment team of T.R.E.A.T. will weigh all medical information and reserves the right to deny services at anytime if the participant's mental or physical well being is in jeopardy.

Date \_\_\_\_\_ Responsible Party Signature \_\_\_\_\_  
(Parent/guardian if under 18)

**Riding Lesson Contracts**  
NON T.R.E.A.T. RIDER LESSON FORMS

I (Parent/Guardian), \_\_\_\_\_ have given my permission to Heritage Place Equestrian/ T.R.E.A.T. to administer riding lessons to \_\_\_\_\_.

I will agree to inform the Executive Director of Heritage Place or the Head Riding Instructor of any medical changes in myself or my child/children that might affect my performance during my riding lesson (grounded/mounted).

I understand that my riding lessons are to be paid for two weeks in advance unless other arrangements have been made with the Executive Director. No refunds or make up lessons will be given if a rider is dismissed due to behavior or compliance issues. If for a medical reason a rider must miss or discontinue riding lessons a written Doctors note must be provided before a refund is considered.

Make-up lessons will be provided in the case of medical issue (Doctors Note required), death in the family, or the lesson was cancelled by Heritage Place/T.R.E.A.T. or its agents due to inclement weather or scheduling conflicts.

I understand that my riding lessons are scheduled and that it is important that I arrive on time. If I/my child are more than 15 minuets late for a scheduled lesson it is to be understood that the horse will be placed back into its pasture/stall and that my lesson will be cancelled. I also, understand that I will be charged for this lesson if I have not given at least a 6 hour notice.

I understand that proper riding attire must be worn meaning long pants, shirt, appropriate footwear, and during mounted riding lesson a SEI-ASTM approved riding helmet must be worn regardless of age or experience.

I also agree to follow all barn rules and regulations given to me in the Heritage Place Equestrian/T.R.E.A.T. Policies and Rulebook. I agree that if any instructor, volunteer, or agent of Heritage Place Equestrian/T.R.E.A.T., or other therapeutic agent of these institutions has the right to discipline a rider verbally if that rider has become disruptive, disrespectful, or is endangering his/her life or the lives of others. If the rider continues to be disruptive the rider (and rider's family if under 18) will need to speak to the Executive Director. If a third incident occurs the rider will be asked to leave the program and will not receive a refund.

Sign if you have received and have read Heritage Place Equestrian/T.R.E.A.T. Policies and Rulebook.

ACCEPTED BY:  
SIGNATURE \_\_\_\_\_ (RIDER)

SIGNATURE \_\_\_\_\_ (OF GUARDIAN)

WITNESS \_\_\_\_\_