

Thomas School of Horsemanship
250 Round Swamp Rd. Melville, New York 11747
PHONE 631-692-6840 FAX 1-800-878-4427

IEA TEAM 2018- 2019 APPLICATION

Full Year Lessons with IEA TEAM

- Full Year: 38 Lessons
- See payment plans for Full Year lessons

Tuition \$2090

New Student? Y/N Height: _____

High School/Middle School (please circle one)

Days preferred: Please CIRCLE Preferred Days and CROSS OUT Impossible Days for lessons:

Tuesday Wednesday Thursday Friday Saturday Sunday

Earliest time available for lessons _____ Latest time available for lessons _____

Name of student _____ **Age** _____ **Birth date** _____ **Grade** _____

Address _____ **Town** _____ **St** _____ **Zip** _____

Home Phone _____ **Parent 1 Cell Phone** _____ **Parent 2 Cell Phone** _____

Email: _____

Emergency Contact: _____ **Emergency Phone** _____

Please indicate what **Riding Level** you were at during your last lesson series:

Beginner Indiv Trot Group Trot Beg. Canter Canter Beg Jump Jump X-Rails Course Jump Courses

Day & Time of last series of lessons at TSH or Camp _____ Most Recent Past Instructor _____

Parent 1 Full Name _____ **Parent 2 Full Name** _____

PAYMENT REQUIRED WITH APPLICATION BY AUGUST 17th

TUITION PAYMENT: 1st installment of 400 is required at time of enrollment.

MAKE UP POLICY: Missed lessons will be forfeited unless the TSH office is notified **24 Hs, IN ADVANCE**. Absences due to Religious Holidays, can be made up if the office is notified in advance.

Full year students are eligible for **3 make-ups**.

INCLEMENT WEATHER: Group Lessons will run every week regardless of the weather. If Horseback riding is not possible, the lesson will be a horsemanship lesson in the barns. There will be no more than 3 horsemanship lessons per session.

REFUND POLICY: Notification of cancellation of series must be made **IN WRITING** to TSH. Cancellations prior to the start of lessons are subject to a \$50 cancellation fee. Cancellations after the series begins: you will be charged for all lessons up to the date of cancellation, in addition to a \$100 cancellation fee for the Fall Session, or \$200 cancellation fee for the Full Year Session. There is no refund for unused lessons.

RIDING GEAR: ASTM approved helmets are required of all riders. Proper footwear required - Boot with a smooth, thin sole and a definite heel. Work boots or sneakers are not acceptable. Riding pants or fitted leggings/jeans required.

FOR OFFICE USE ONLY:

Deposit Amount _____ Check # _____ Entry Date _____ App Received _____
Deposit Date _____ ID# _____ Cancelled _____ Refund _____

PHOTO RELEASE: We give our permission for Thomas School to use any photos of our child(ren) for any photographic materials.

CAMP AND RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE

THOMAS SCHOOL OF HORSMANSHIP SUMMER DAY CAMP, 250 Round Swamp Rd., Melville, NY, hereinafter known as "THIS SCHOOL"

PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM YOUR or YOUR CHILD'S PARTICIPATION IN THIS ACTIVITY.

THIS SCHOOL CANNOT GUARANTEE YOUR SAFETY.

A. **REGISTRATION OF RIDERS AND AGREEMENT PURPOSE:** In consideration of the payment of a fee and the signing of this agreement, I, the individual listed on the opposite side of the registration form on the opposite side, and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree participate in equine related instruction as a student of THIS SCHOOL, and that this STUDENT will either utilize his/her own horse, or school horses provided by THIS SCHOOL for instructional purpose, today and on all future dates.

B. **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS:** This agreement shall be legally binding upon the registered STUDENT and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of New York State and Suffolk County. This agreement is intended to be valid and binding at all times now and in the future when THIS SCHOOL permits the STUDENT (directly or indirectly) to enter THIS SCHOOL's property, be on THIS SCHOOL's property, be near the horse, receive riding and/or driving and/or training instruction or guidance from its associates and/or when THE STUDENT rides and/or train and/or is near horses on or off THIS SCHOOL property. Any disputes y the rider shall be litigated in, and venue shall be in Suffolk County. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horse, ponies, mules, or donkeys, whether from the ground or mounted. The terms "CAMPER" and/or "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The term "I/WE" shall herein refer to the riding school student or parents of the registered student on the opposite side.

C. **INHERENT RISKS/ASSUMPTION OF RISKS:** I/WE ACKNOWLEDGE THAT: Risks, conditions and dangers are inherent in (meaning an integral part of) horse/equine/animal activities, regardless of all feasible safety measures which can be taken, and I/WE agree to assume them. The inherent risks include, but are not limited to any of the following: The propensity of an animal to behave in ways that may result in injury, harm, death, or loss to persons on or around the animal; The unpredictability of an equine's reaction to sounds, sudden movements, unfamiliar objects, persons or other animals; Hazards, including, but not limited to, surface or subsurface conditions; A collision, encounter and/or confrontation with another equine, another animal, a person or an object; The potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss, to the participant or to other persons, including but not limited to, failing to maintain control over an equine and/or failing to act within the ability of the participant. Horses are 5 to 15 times larger, 20 to 40 times more powerful and 3 to 4 times faster than a human. If a rider falls from a horse to ground it will generally be at a distance from 3 1/2 to 5 1/2 feet, and the impact may result in harm to the rider. Horseback riding, driving and training are activities which one much smaller, weaker predator animal (the human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal that has a mind of its own (the horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to : Stopping short; Spinning around; Changing directions and/or speed at will; Shifting its weight; Bucking; Rearing; Kicking; Biting; and/or Running from danger. I also acknowledge that these are just some of the risks and I/WE agree to assume other not mentioned above. I/WE are not relying on THIS SCHOOL to list all possible risks for me/us.

D. **CONDITIONS OF NATURE WARNING, UNFAMILIAR AND SUDDEN LIGHTS, SOUNDS AND MOVEMENTS WARNING, AND INSPECTION OF PREMISES:** I/WE acknowledge that THIS SCHOOL is NOT responsible for total or partial acts, occurrences, or elements of nature and/or sudden unfamiliar sights, sounds and/or sudden movements that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightening, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-doors groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. I/WE also understand that these are just some of the risks and I/WE agree to assume others not mentioned above. I/WE are not relying on THIS SCHOOL to list all possible conditions to me. I/WE have inspected THIS SCHOOL'S facilities and are satisfied that all premise conditions are reasonably safe for STUDENT's intended purpose, usage, and presence upon THIS SCHOOL'S premises.

E. **SADDLE GIRTHS/NATURAL LOOSENING:** I / WE UNDERSTAND THAT Saddle girths (saddle fasteners around horse's belly) may loosen during riding. STUDENTS must alert the riding instructor or attendant of any looseness so action can be taken to avoid slippage of saddle and a potential fall from the animal.

F. **ACCIDENT/MEDICAL INSURANCE:** WE AGREE THAT: Should emergency medical treatment be required, I/WE and/or my own accident/medical insurance company shall pay for all such incurred expenses. My accident/medical insurance company is _____ and my policy number is _____.

G. **ASTM APPROVED PROTECTIVE HEADGEAR IS REQUIRED:** I/WE AGREE: I for myself and on behalf of my child and/or legal ward have been fully warned and advise by THIS SCHOOL that protective headgear/helmet which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet should be worn while riding and/or driving and/or being near horses and I/WE understand that the wearing of such headgear/helmet may reduce the severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall or other occurrences. I am not relying on THIS SCHOOL and/or its associates to provide a certified helmet for me or to check any headgear/helmet strap that may wear, or to monitor my compliance with this suggestion at any time now or in the future.

H. **LIABILITY RELEASE:** I/WE AGREE THAT: In consideration of THIS SCHOOL allowing myself or our child's participation in this these riding activities, under the terms set forth herein, I or WE, the parents, for ourselves and on behalf of our child(ren) and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge THIS SCHOOL, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insurers, and others acting on its behalf(hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS SCHOOL'S and/or ITS ASSOCIATES ordinary negligence or legal liability; and I/WE do further agree that except in the event of THIS SCHOOL'S gross negligence and/or willful and/or wanton misconduct, I/WE shall not bring any claims, demands, legal actions and causes of action, against THIS SCHOOL and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury and/or death and/or property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS SCHOOL, to include while riding, handling, driving, training, handling or otherwise being near horses owned by me or owned by THIS SCHOOL or in the care, custody and control of THIS SCHOOL, or participating in any of the school activities, whether on or off the premises of THIS SCHOOL, but not limited to being in THIS SCHOOL premises.

I. **EQUINE ACTIVITY LIABILITY ACT (EALA) WARNING OR LANGUAGE:** I/WE acknowledge that I have reviewed this state's EQUINE ACTIVITY LIABILITY ACT WARNING OR LANGUAGE. Copies of the Act are posted and available upon request.

RIDERS OVER 21 OR Parents or Legal Guardians must sign below after reading this entire document:

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, REPRESENT THAT I/WE HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, LIABILITY RELEASE AND ASSUMPTION OF RISK. I/WE UNDERTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE. I/WE FURTHER ATTEST THAT ALL FACTS RELATING THE RIDER'S PHYSICAL CONDITION, EXPERIENCE, & AGE ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS.

SIGNATURE (If under 21- Parent must sign) _____

DATE _____

SIGNATURE (If under 21 –Parent must sign) _____

DATE _____