

Urbana Riding Club (URC) Lesson Registration Form

2700 Roderick Road Frederick, MD 21704 Phone (301) 798-8589 | Fax (301) 874-3155 | www.urbanaridingclub.com

STUDENT NAME _____ AGE _____ SEX _____
STREET _____ CITY _____ STATE _____ ZIP _____
PHONE # _____ EMAIL _____

Total amount due \$ _____ check # _____ Charge card type: Visa, Master Card, American Express
_____ Exp. Date: _____ CCV# _____ I authorize URC to charge the above account for
payments related to the services requested in this application. **Signature:** _____ **Date:** _____

Costs: Payments are due in full by the 15th of the month **prior** to new quarter to assure you retain your place in the lesson. Henningsen Equine Ventures, LLC, dba Urbana Riding Club (URC) reserves the right to add students to, cancel or combine lessons.

Please check desired programs listed below:

Riding Lesson, Practice Ride and Leasing Programs:

Program A: One scheduled riding lesson per week \$425/ quarter

Program B: One scheduled riding lesson/week and one loosely supervised practice ride (Saturdays at 12:00) per week \$675/ quarter. *

Program C: One scheduled riding lesson/week and half lease* of a school horse (May ride 2 days per week plus your lesson. Not including Fridays or Sundays. One day is non-jumping) \$875/ quarter.

Program D: One scheduled riding lesson/week and full lease* of a school horse (may ride 3 days/wk plus your lesson. One day is non-jumping) \$1025/ quarter

Program E: One Scheduled riding lesson/week and a quarter lease* of a school horse (may ride 1 day/wk plus your lesson. Designated ride days are Friday or Sunday) \$715/quarter

*All leases are still shared with the school program. Each horse may have a half lease and a quarter lease or one full lease.

Quarter registering for: ____ Spring ____ Summer ____ Fall ____ Winter ____

Current lesson day & time _____ *****New lesson day & time** _____

*****If moving up a level you need approval. Pls have instructor sign here** _____

Leasing Agreement for Quarterly Horse Leasing Program: I understand that this is an unsupervised program and will accept all the risks of a rider as if this were my own horse. I will warm up and cool out the horse properly and report any injury or illness immediately. I will ride this horse a max of one hour/day. **Horse desired to lease:** _____ **2nd Choice:** _____

PARENT OR GUARDIAN SIGNATURE: _____

AGREEMENTS AND DISCLAIMERS

AGREEMENT: In signing this agreement for my child, I certify that he/she is able to participate fully in the program unless otherwise stated in writing to Henningsen Equine Ventures, LLC, dba Urbana Riding Club (URC). I understand that I may withdraw from any programs with no penalty until the session due date. After the due date I will forfeit all costs unless placement is filled from waiting list. I understand and agree to the policies and tuition obligations stated. I give URC permission to use any photographs or video displays of my child for promotional purpose or other legitimate reason.

PARENT OR GUARDIAN SIGNATURE: _____

REGULATIONS: The directors reserve the right to ask any person who is disruptive in any way not to return. Due to the variety of activities and open areas, for the safety of your child, it is essential that he/she can follow directions. There will be no refunds for persons asked not to return. **INFORMED CONSENT AND RELEASE OF LIABILITY.** In consideration of the participant, being allowed to participate in the programs conducted by to Henningsen Equine Ventures, LLC, dba Urbana Riding Club (URC) and to engage in all activities related to the programs, including but not limited to those listed in the brochure, I, the undersigned, on behalf of myself and the above-named participant, do hereby waive, release and forever discharge, and indemnify and hold harmless, to Henningsen Equine Ventures, LLC, dba Urbana Riding Club (URC) and its officers, agents, employees, and representatives from any and all claims, suits, actions, damages, losses, liability, costs and expenses (including attorney's fees and court costs), of any kind or nature whatsoever, incurred for injuries and/or damages to person and/or property, including those caused by the negligent act or omission of any of the foregoing persons or entities, arising out of, resulting from or in connection with participation by the above-named participant in the program.

(PLEASE INITIAL) _____

I understand that participation in these programs is potentially hazardous and can result in serious injury, and I am voluntarily allowing the above-named participant to participate in these programs with knowledge of the dangers involved. I hereby expressly assume and accept, on behalf of myself and the above-named participant, any and all risks of injury and death. By signing this I also assume liability for all spectators i.e. anyone, including myself, that I bring onto the property.

(PLEASE INITIAL) _____

I understand that participation in these programs may not be advisable for certain individuals, including but not limited to persons suffering from heart disease, diabetes, high blood pressure or low blood pressure and other conditions and illness, and persons taking medication. I hereby acknowledge that I have been advised to seek advice from a physician regarding the above-named participant's participation in these programs. I also acknowledge that it has been recommended that the above-named participant have regular physical examinations and consultations with his/her physician as to participation in these programs. I acknowledge that the above-named participant has either had a physical examination and has been given his/her physician's permission to participate, or that I have elected to allow the above-named participant to participate without the approval of his/her physician and I do hereby assume all responsibility for participation by the above-named participant in these programs.

(PLEASE INITIAL) _____

I certify that I have read and understand all of the foregoing and that, by signing this Informed Consent and Release of Liability, I intend to be bound legally and to bind the above-named participant, and our respective heirs, executors, administrations, successors and assigns.

Participant's Name: _____ **Date:** _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____