

Pal-O-Mine Equestrian Agreement
(Please read and initial each statement)

1. I understand that rules are in place for the safety of everyone at Pal-O-Mine. I agree that failure to abide by any of these rules will be grounds for dismissal from Pal-O-Mine Equestrian. _____
2. I understand that siblings, parents and/or guardians are only permitted in designated areas. I further understand that siblings, parents and/or guardians are not permitted on or around the mounting block, in the mounting/dismounting area or in the barn unless assistance has been requested by the instructor. _____
3. I understand that I, and anyone who accompanies me to Pal-O-Mine, must obey all posted signs (i.e., No Smoking; 5 MPH Speed Limit; Keep Gate Closed). _____
4. I understand bicycle helmets are not permitted, and agree, that ASTM approved riding helmets are required unless it inhibits treatment. I agree that after five (5) lessons I will purchase my own riding helmet. _____
5. **For my safety and the safety of others, it has been recommended that during peak hours (7:00am – 10:00am and 3:00pm – 7:00pm) I turn right (north) onto Old Nichols Road when exiting the property.** _____
6. I understand that dogs (leashed or unleashed) are not permitted on the property at any time. _____
7. I understand that information will be communicated through email and I agree to provide a valid email address below to be used for such communications. _____
8. I understand that lessons must be paid for in advance and purchased in packages of 4 lessons at a time. I further understand that no individual will be permitted to participate in lessons or programs until payment is made in full. A current fee schedule for lessons is listed below: _____

(4) 30m lessons \$260
(4) 45m lessons \$300
(4) 60m lessons \$340
9. I understand lessons, as priced above, may consist of unmounted activities within the allotted time that include grooming, tacking, feeding and other horse or barn related skills or activities. _____
10. I understand that I need to arrive at the barn 10 minutes prior to the start of the scheduled lesson and that I, or my child, is responsible to check in at the front desk and advise the front desk of any changes to the next scheduled lesson. **If I arrive late I understand that the lesson time will not be extended.** _____
11. **I understand that Pal-O-Mine adheres to a strict 24 HOUR CANCELLATION POLICY and, in the event that I cancel a scheduled lesson with less than 24 hour notice, I will be charged in full.** _____
12. I understand that consistent lateness or absenteeism will be grounds for dismissal from Pal-O-Mine Equestrian. _____
13. I understand that my child should arrive in proper attire to ride. Proper attire includes jeans or breeches, boots with a heel and weather appropriate clothing. I understand that wearing sweatpants, capris, or athletic/nylon pants will result in not partaking in a scheduled lesson and that I will be charged in full. _____
14. I understand that Pal-O-Mine is a not for profit 501 (c)(3) organization that relies on proceeds from fundraisers, grants, individual and corporate donations to continue to fulfill its mission and provide the facility that houses the lessons/programs. I agree to support and/or participate in fundraising activities that are held throughout the year. _____
15. I understand and agree, in order to **protect everyone's Right To Privacy**, I am not to post any information, photos or videos from Pal-O-Mine on any means of Social Media including but not limited to Facebook, Twitter, YouTube, Snapchat or Instagram. I understand that posting information, photos or videos from Pal-O-Mine on any means of Social Media will be grounds for dismissal from Pal-O-Mine Equestrian. _____
16. I further understand that **New York State HIPPA Laws** uphold patient/client/student confidentiality and that any disclosure or discussion of student/client medical information of my child or any child is strictly forbidden whether on or off Pal-O-Mine's property. _____

17. I understand it is my responsibility to provide Pal-O-Mine with a medical update if and when health conditions change.

By initialing above and signing this agreement, we agree to the terms and conditions of this agreement

Student (Name): _____ Signature: _____ Date: _____

Father (Name): _____ Signature: _____ Date: _____

Mother (Name): _____ Signature: _____ Date: _____

Legal Guardian (Name): _____ Signature: _____ Date: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____