



# RIDING LESSON SCHEDULING INFORMATION

RIDING LESSON AVAILABILITY: LIST THE DAY (**MONDAY – THURSDAY**) AND THE TIME YOU COULD ARRIVE FOR WEEKLY LESSONS.

1<sup>ST</sup> CHOICE: \_\_\_\_\_ 2<sup>ND</sup> CHOICE: \_\_\_\_\_ 3<sup>RD</sup> CHOICE: \_\_\_\_\_  
DAY TIME DAY TIME DAY TIME

## CHECK THE SESSIONS YOU ARE INTERESTED IN BELOW:

\*\*\*\*\* (FORMS DUE TWO WEEKS BEFORE SESSION STARTS) \*\*\*\*\*

- |   |  |
|---|--|
| <input type="checkbox"/> 1 – FEB. 24 – MARCH 23 (5 WEEKS \$150) | <input type="checkbox"/> 5 – AUGUST 3 – AUGUST 31 (5 WEEKS \$150)      |
| <input type="checkbox"/> 2 – APRIL 6 – APRIL 27 (4 WEEKS \$120) | <input type="checkbox"/> 6 – SEPTEMBER 14 – OCTOBER 19 (6 WEEKS \$180) |
| <input type="checkbox"/> 3 – MAY 4 – JUNE 1 (5 WEEKS \$150)     | <input type="checkbox"/> 7 – OCTOBER 26 – NOVEMBER 30 (6 WEEKS \$180)  |
| <input type="checkbox"/> 4 – JUNE 15 – JULY 13 (5 WEEKS \$150)  |  |

HAVE YOU EVER TAKEN RIDING LESSONS BEFORE? \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

## PHOTOGRAPHY, VIDEO AND WEB PUBLISHING

Riders may be photographed or videotaped and their names published for non-profit use in various ways including, but not limited to: newsletter articles, community newspaper articles, videos, television broadcasts, lesson pictures, and *Liberty Riders, Inc.* web pages. If you do not want yourself or your child to have his/ her name, picture or video taken, please make your request in writing and return to Liberty Riders, Inc.

## LIABILITY RELEASE

\_\_\_\_\_ (Rider's Name) would like to participate in the *Liberty Riders, Inc.* therapeutic riding program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to me/ my son/ my daughter/ my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against *Liberty Riders, Inc.*, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/ my son/ my daughter/ my ward may sustain while participating in *Liberty Riders, Inc.* riding program.

WARNING: Under the Michigan Equine Activity Liability Act, an equine professional is not liable for any injury to or death of a participant in an equine activity resulting from an inherent risk of the equine activity.

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**BY SIGNING BELOW, YOU ARE ACKNOWLEDGING, ACCEPTING, AND AGREEING TO ALL OF THE ABOVE RELEASES, LIABILITIES, CONDTIONS, and ALL INFORMATION and REGISTRATION FORMS PREVIOUSLY PROVIDED TO LIBERTY RIDERS, INC. IS STILL CURRENT.**

\_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent or Legal Guardian (If Under 18 Yrs.)

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian (if Under 18 Yrs.)