



Patterson Training

The best place to learn to ride in Payson!

ACTIVITY WEEK APPLICATION

Name: _____ Date of Activity Week: _____

Days Attending: MON ___ TUES ___ WED ___ THURS ___ FRI ___

Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Date of Birth: _____ Email: _____

Phone: _____ Bringing own horse: Y/N _____ Overnight Boarding required? Y/N _____

Requested Lesson Horse (if known): _____

Allergies: _____

Any Medical Conditions we should know about?: _____

Parent or Guardian's Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

I, the Undersigned, agree to hold harmless Shari Patterson-Blaylock and Patterson Training, LLC., having its usual place of business at 272 Sprague Drive, Star Valley, AZ 85541, and their successors in title, employees, and volunteer helpers free from any and all claims and demands of any nature that may be occasioned by me, my guests, minors in my charge, or my horses, and to repay on demand any and all damages, Patterson Training, LLC. or any individuals described above may sustain by reason of any such claim.

I, the Undersigned, agree in the event of any emergency to the above named minor or myself, or an equine to accept emergency medical care and hereby release Patterson Training, LLC and the individuals described above from any claims for the liability for loss of the use to my person or property.

I, the Undersigned, will abide by the rules and accept decisions rendered by the Owners and/or Operators of Patterson Training including all persons described above.

Signature: _____ Date: _____

(If participant is a minor, parent or legal guardian must sign)

All fees must accompany application.

Make check payable to: Patterson Training LLC

Mail to: Shari Patterson-Blaylock, 272 S Sprague Drive, Star Valley, AZ 85541

Accepting VISA/Mastercard by phone 928 978 4478,

Or via Paypal, Venmo or Zelle to fireponies@gmail.com