

Impact Performance Horses

6648 Hamilton Rd

Liberty Township, OH 45044

(513) 202-4804

www.impactperformancehorses.com

email: impactperformancehorses.oh@gmail.com

Rider Application 2024

Welcome to Impact Performance Horses' riding lesson program. Our lesson program covers basic to advanced riding skills with an emphasis on horse care and safety. We have experienced horses, excellent instructors and 2 outstanding arenas. We have had many successful riders including AQHA Congress Champions and IEA National Champions. Our goal is to make your riding pleasant and productive for both you and your horse.

Riders must have an ASTM certified riding helmet, riding boots (paddock boots or tall boots) and riding pants (with knee patches) to begin lessons. These items can be purchased at either of two tack shops in our area,

Dover Saddlery

8740 Montgomery Rd

Kenwood OH 45236

(513) 792-0901

www.doversaddlery.com

Equus Now

420 Wards Corner Rd Suite D

Loveland OH 45140

(513)-630-1197

www.equusnow.com

Before we schedule your lesson, we MUST RECEIVE THIS APPLICATION WITH A \$25.00 DEPOSIT. The balance will be required before the first lesson. Please fill this form out completely, noting the days that are convenient for you and return it as soon as possible. We will contact you when a spot becomes available. At times, we may need to place riders on a waiting list, but we will contact you as soon as we can.

RIDER'S NAME _____ AGE _____ WEIGHT _____

IF RIDER IS A MINOR PLEASE PROVIDE
PARENT/GUARDIAN NAME _____

PHONE- DAYTIME _____ CELL PHONE _____

E MAIL _____

FULL MAILING ADDRESS _____

RIDING EXPERIENCE (CIRCLE ONE): *NONE/HORSE CAMP* *A FEW LESSONS*

IF YOU HAVE HAD LESSONS CIRCLE WHAT YOU **CAN** DO:

WALK ON OWN *TROT* *CANTER* *JUMP* *KNOW DIAGONALS*

CIRCLE CONVENIENT DAYS: *MON_ TUES WED_ THUR_ FRI_ SAT*

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WHAT ARE THE EARLIEST TIMES YOU CAN ARRIVE? _____

HOW DID YOU HEAR OF IMPACT PERFORMANCE HORSES?

PHYSICIAN'S NAME AND PHONE NUMBER

INSURANCE POLICY AND POLICY NUMBER

PARENT/GUARDIAN SIGNATURE

PRINTED NAME

DATE

IMPACT PERFORMANCE HORSES RELEASE, WAIVER AND INDEMNITY AGREEMENT

I hereby acknowledge and understand that horseback riding and the handling of horses and ponies are dangerous activities which can result in injury or death. I, the undersigned, from this date on, hereby release, indemnify, and hold harmless Impact Performance Horses and their employees, agents, managers, members, and contractors, from any and all claims, actions, suits, and/or damages that may occur as a result of any injuries sustained while taking horseback riding instruction, handling, or being near the horses or ponies on the property of Impact Performance Horses. This shall include all losses, damages, costs, and counsel fees that may occur as a result of injury, and related claims by any parties. I understand that risks are involved in riding, handling, or being near horses and ponies, and by signing this agreement take full responsibility in the event of any injury. I have read this release, waiver and indemnity agreement, understand the risks involved and agree to assume them. I sign this agreement voluntarily and with full knowledge of its significance.

Print Rider's Name

Rider's Signature

Print Parent/Guardian Name

Parent/Guardian Signature

Witness

Date