

## **Impact Performance Horses**

6648 Hamilton Rd  
Liberty Township, OH 45044  
(513) 202-4804  
[www.impactperformancehorses.com](http://www.impactperformancehorses.com)  
email: impactperformancehorses.oh@gmail.com

### **Rider Application 2026**

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](http://www.doversaddlery.com)

#### **Equus Now**

420 Wards Corner Rd Suite D  
Loveland OH 45140  
(513)-630-1197  
[www.equusnow.com](http://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

## Impact Performance Horses

WHAT ARE THE EARLIEST TIMES YOU CAN ARRIVE? \_\_\_\_\_

HOW DID YOU HEAR OF IMPACT PERFORMANCE HORSES?

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PHYSICIAN'S NAME AND PHONE NUMBER

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INSURANCE POLICY AND POLICY NUMBER

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PARENT/GUARDIAN SIGNATURE

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PRINTED NAME

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DATE

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### 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.

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Print Rider's Name

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Rider's Signature

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Print Parent/Guardian Name

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Parent/Guardian Signature

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Witness

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Date