



LESSON REGISTRATION 2024

REGISTRATION REQUIREMENTS

- ★ **ALL FORMS COMPLETED AND SUBMITTED TO THE OFFICE AT LESSONS@IRONSTONEFARM.ORG**
 - REGISTRATION FORM
 - EMERGENCY RELEASE (ONCE A YEAR)
 - CURRENT PHYSICAL (ONCE A YEAR)
 - PHYSICIAN'S APPROVAL FORM (RIDERS WITH A DIAGNOSIS: EVERY 3 YEARS)
 - SIGNED LESSON POLICIES DOCUMENT

- ★ **PAYMENT INFORMATION RECEIVED PRIOR TO THE REGISTRATION DEADLINE**
 - ANY PAYMENT OPTION SELECTED OTHER THAN AN AUTOMATIC ONLINE CARD PAYMENT WILL HAVE A SEVEN DAY GRACE PERIOD AT THE BEGINNING OF THE MONTH WITHIN WHICH PAYMENT IS DUE. IRONSTONE FARM RESERVES THE RIGHT TO HALT LESSONS AT ANY TIME IF PAYMENT IS NOT RECEIVED IN A TIMELY MANNER

IF ANY OF THE FOLLOWING IS NOT COMPLETED PRIOR TO THE REGISTRATION DEADLINE, WE RESERVE THE RIGHT TO FILL THE SPOT

RIDER NAME:

ADDRESS:

EMAIL:

PHONE:

CURRENT LESSON DAY/TIME:

KEEP SPOT

CHANGE SPOT

CURRENT AVAILABILITY (IF YOU WOULD LIKE TO REQUEST A CHANGE YOUR LESSON TIME):

2024 LESSON BLOCKS:

SELECT ALL THAT YOU WOULD LIKE TO REGISTER FOR. IF REGISTERING FOR MULTIPLE BLOCKS OF LESSONS AT ONCE, THE BLOCKS MUST BE CONSECUTIVE BEGINNING WITH THE SOONEST BLOCK. BILLING WILL TAKE PLACE AT THE START OF EACH MONTH, E.G. PAYMENT FOR JANUARY WILL BE PROCESSED AT THE BEGINNING OF JANUARY. PAYMENT WILL NOT BE PROCESSED FOR EACH MONTH UNTIL THE BEGINNING OF THAT MONTH.

JANUARY, FEBRUARY, & MARCH

APRIL, MAY, & JUNE

JULY & AUGUST

SEPTEMBER, OCTOBER, NOVEMBER, & DECEMBER

PAYMENT METHOD

CHECK

(Please make checks payable to Challenge Unlimited)

ONLINE CARD PAYMENT

PERSON RESPONSIBLE FOR PAYMENT

PHONE # (IF DIFFERENT THAN PHONE # LISTED)

CARD NUMBER

EXP. DATE

CSV# (3 or 4 digit)

TYPE OF CARD

NAME ON CARD

BILLING ADDRESS (IF DIFFERENT THAN ADDRESS LISTED ABOVE)

SIGNATURE

I WOULD LIKE IRONSTONE FARM TO KEEP THIS CARD ON FILE FOR FUTURE PAYMENTS



2024 LESSON PRICES

- HALF HOUR PRIVATE LESSON: \$75
- HOUR-LONG PRIVATE LESSON: \$95
- ONE HOUR SEMI-PRIVATE LESSON (TWO RIDERS): \$75 PER RIDER
- ONE HOUR GROUP LESSON: \$65 PER RIDER

2024 IMPORTANT LESSON DATES

- **Friday, December 15th, 2023: Registration Due for January- March Block**
 - **Monday, January 1st: CLOSED** for New Year's Day
 - **Tuesday, January 2nd:** First day of January-March Block
 - **Monday, February 19th: CLOSED** for President's Day
 - **Tuesday, February 20th- Saturday, February 24th: CLOSED** for regular lessons
 - *makeup lessons will be available based on need*
 - **Friday, March 9th: Registration Due for April-June Block**
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- **Monday, April 1st:** First day of April-June Block
 - **Monday, April 15th- Saturday, April 20th: CLOSED**
 - *makeup lessons will be available based on need*
 - **Saturday, May 25th- Monday, May 27th: CLOSED** for Memorial Day Weekend
 - **Sunday, June 2nd:** Spring Horse Show (open to all riders)
 - **Friday, June 7th: Registration Due for July & August Block**
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- **Thursday, July 4th- Saturday, July 6th: CLOSED** for Independence Day weekend
 - **Friday, August 16th: Registration Due for September- December Block**
 - **Monday, August 26th- Saturday, September 7th: CLOSED** for Summer Break Weeks
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- **Sunday, October 6th:** Barbara DeNitto Horse Show (open to all riders)
 - **Saturday, October 12th- Monday, October 14th: CLOSED** for Columbus Day Weekend
 - **Monday, November 25th-Saturday, November 30th: CLOSED** for week of Thanksgiving
 - *makeup lessons will be available based on need*
 - **Friday, December 13th: Registration Due for first block of 2025 lessons**
 - **Monday, December 23rd- Saturday, January 4th: CLOSED** for Winter Break Weeks

**Assumption Of Risks & Liability Release Agreement
Ironstone Farm; Challenge Unlimited, Inc.; & Ironstone Therapy, Inc.**

**PLEASE READ BOTH SIDES OF THIS AGREEMENT
SIGNATURE REQUIRED ON THE REVERSE**

*Client Name: _____ *Gender: M __ F __ *DOB: _____ *Height: _____ *Weight: _____

The Client (myself, child/ward) DOES __ or DOES NOT __ have a (physical or other) diagnosis or disability. *Required Fields

Client Address: _____ City: _____ State: _____ Zip: _____

*Best Phone: _____

*Best Email: _____ CC Email: _____

Parent/Spouse/Guardian 1 Name: _____ Phone #: _____

Parent/Spouse/Guardian 2 Name: _____ Phone #: _____

Group Home Contact Name: _____ Phone #: _____

Name & Phone# of Employer (Client): _____

Name & Phone# of Employer (Parent/Spouse 1): _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone #: _____

Primary Care Physician Name: _____ Phone #: _____

Person(s) responsible for payment arrangements: _____

Address: _____ City: _____ State: _____ Zip: _____

Third party payer contact name: _____ Phone#: _____

Describe any medical condition or allergy requiring special precautions, and any medication and dosage: _____

PLEASE READ THE FOLLOWING THREE PARAGRAPHS CAREFULLY

Inherent Risk/Assumption of Risks. I/We acknowledge that: Risks, conditions and dangers are inherent in (meaning an integral part of) horse/equine/animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: the propensity of an animal to behave in ways that may result in injury, harm, death or loss to persons on or around the animal; the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; hazards, including but not limited to, surface or subsurface conditions, a collision, encounter and/or confrontation with another equine, another animal, a person or an object; the potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and or failing to act within the ability of the participant. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to, stopping short; spinning around; changing directions and or speed at will; shifting its weight; bucking; rearing; kicking; biting; and or running from danger. I/We also acknowledge that these are just some of the risks

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and I/We agree to assume others not mentioned above. I/We am (are) not relying on Challenge Unlimited, Inc., Ironstone Therapy, Inc. and/or Ironstone Farm to list all possible risks for me.

Liability Release. I/We agree that: in consideration of allowing my participation in the activities of Challenge Unlimited, Ironstone Therapy and/or Ironstone Farm, I, the student, client or volunteer, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge Challenge Unlimited, Inc., Ironstone Therapy, Inc. and Ironstone Farm, its employees, agents, independent contractors, officers, directors, claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to ordinary negligence or legal liability; and I do agree to release any claims, demands, legal actions and causes of action, against Challenge Unlimited, Inc., Ironstone Therapy, Inc. or Ironstone Farm, and its employees, agents, independent contractors, officers, directors, representatives, assigns, members, and insurers, for any damages due to bodily injury and/or death and/or property damage, sustained by me and or my minor child or legal ward in relation to the premises and operations herein, including, but not limited to, riding, driving, training, handling or otherwise being near or around horses owned, leased or boarded by Challenge Unlimited, Inc., Ironstone Therapy, Inc., or Ironstone Farm.

WARNING

Under Massachusetts law, an equine professional is not liable for injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 2D of Chapter 128 of the Massachusetts General Laws.

In case of a medical emergency, efforts will be made to notify parent(s)/guardian(s). In the event that parent(s)/guardian(s) cannot be reached, the undersigned authorizes Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm, to provide such medical assistance as they determine to be necessary.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the client, including anesthetic, which they determine necessary or advisable, pending a receipt of specific consent from the undersigned.

Weight Limits. Weight limits are important for the safety and well-being of both horses and riders. Please be accurate when disclosing the client's current weight on our registration form. Limits are: 200 lbs. for ponies and smaller horses and 225 lbs. for larger horses. Notwithstanding the above, Management reserves the right to adjust program options and/or to restrict client participation based on weight and weight distribution.

Photo Release: I hereby consent to and authorize the use and reproduction by Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

➡ Opt out: **No, I do not consent.** _____

I would ___ would not ___ be willing/able to assist with my child's/ward's lesson if additional staff/volunteers are not available.
(Please check one)

<p>I/We represent that I/We have read this entire agreement (consisting of two pages) and in particular the sections labeled Inherent Risk/Assumption of Risks, Liability Release and Warning. I/We also represent that I/We have read and understand the Policies, Procedures and Safety Regulations for the Programs held at Ironstone Farm.</p>

Signature

(Parent/Guardian must sign for all clients under the age of 18)

Print name

Date: ___ / ___ / ___



Challenge Unlimited at Ironstone Farm: Lesson Policies

Please read the following and sign the statement at the end acknowledging your understanding of our policies

CANCELLATIONS AND WEATHER CLOSINGS

If you are unable to attend your lesson, Ironstone Farm has a 48-hour cancellation policy. **Pre-cancellation requests must be made at least 48 hours in advance in order to receive a make-up lesson.** We will always try to schedule a makeup lesson for any cancellation made 48 hours in advance, but in the event, we are unable to get something on the schedule within the current session, we can look into providing you with a credit or refund. **Only up to two lessons that are pre-canceled can be refunded or credited per session.**

All cancellations given less than 48 hours in advance will not be refunded or granted a make-up lesson option. Refunds or make-ups will be offered for cancellations within the 48 hour window due to a medical condition, only if a doctor's note is provided within 5 days of the cancellation.

If you are running late to your lesson, please call the office at **978-475-4056**. Ironstone has a 15-minute late policy, where the horse will be put away if you are more than 15-minutes late to your lesson, and do not notify anyone. If you notify us using our same-day phone line, we will hold the horse for you. Arriving late will not result in extra time on the horse, so please plan accordingly.

Ironstone Farm uses the Andover Public School System as a **guide** for weather closings, but we ultimately make our own decision whether to remain open or cancel lessons. Ironstone Farm does **not** follow public schools for all holiday closures, election days, or professional development days.

In the event Ironstone needs to cancel your lesson due to weather or staffing issues, the farm will attempt to provide a make-up lesson. If a make-up time can not be agreed upon, Ironstone will credit the rider in their next bill or provide a refund if the rider does not continue with their lessons.

HEAT AND COLD WEATHER POLICIES

In cases of hot or cold weather where we are able to safely hold lessons and remain open, we will hold lessons and modify activities to still be productive and help our riders learn new skills outside of riding. Ironstone Farm reserves the right to hold unmounted or modified lessons in cases of very hot or very cold weather with safety for our clients, instructors and horses being our #1 priority.

SUPERVISION OF CLIENTS

The parents/guardians, caregivers, and aides (the person responsible) of riders with a diagnosis must remain within eyesight of the rider at all times. This means that the person responsible should stay nearby and not leave to sit in the car or leave the property; they should also be the primary supervisor of the rider prior to their scheduled start time. During the lesson, please remain outside the active teaching area and watch from designated areas. If you are unsure where that is, please ask your instructor.

Continued on next page



PREPAREDNESS FOR LESSONS

Ensuring safety is a top priority, and riders will only be allowed on the horse if properly dressed. An equestrian helmet (ASTM/SEI approved), and closed shoes or boots are required for all riders. Sneakers are appropriate for participants in our vaulting and in-hand lessons only. A boot or shoe with a small flat heel (a distinct separation from the sole of the shoe) is required for riders in saddles. Open-toed shoes, crocs, mules, and ballet-style shoes are not allowed.

Ironstone Farm has a limited availability of loaner boots and helmets, however, we cannot guarantee that we will have availability at all times. If you arrive unprepared for the lesson and cannot participate, it will be considered a same day cancellation.

PAPERWORK

All riders must fill out a registration form and annual emergency release form and provide their most recent physical before starting lessons, as well as the start of a new year. All areas of the form must be filled out to ensure all pertinent information is given to our administrative staff. Failure to provide any required documentation will result in halting lessons and possible loss of lesson time scheduled.

BILLING AND PAYMENT

Lessons are paid for in two month blocks of time. Payment is required as part of the registration process to reserve your weekly lesson. We recommend for ease of payment and no interruption in lessons, that a credit card is provided to be charged for each block of lessons. For any riders opting for Ironstone to not automatically process payment on their behalf at the beginning of each new block, we require a new registration form to be filled out to confirm their commitment to ride by the registration deadline specified prior to each block. Payment will be due by the rider's first lesson of the block of lessons; **if payment is not received by a rider's second lesson of the block, their lessons will be halted and a late fee of \$35 will be added to their balance.**

ADDITIONAL SAFETY REGULATIONS

- There is **NO SMOKING/VAPING** allowed on the property of Ironstone Farm.
- Please leave your pet(s) at home. With regards to service animals, please check with the office before visiting the farm.
- Please do not feed the animals.
- **Please park in designated areas only.** Observe the "No Parking" signs and spaces allotted for the pick-up and drop-off of clients. Please do not sound your horn/car alarm while on Ironstone Farm property!
- Please do not use umbrellas on the property, they can startle our horses.
- Please do not go anywhere on the property without a staff member. We are a working horse farm and anyone on property must be accompanied by staff or in the designated viewing areas provided.

BY SIGNING BELOW, I AM ACKNOWLEDGING THAT I HAVE READ AND FULLY UNDERSTAND THE POLICIES PUT FORTH BY IRONSTONE FARM.

PRINT NAME _____

SIGNATURE _____

DATE _____



Physician's Approval Form

A physician's approval is required of any rider with a diagnosis

Patient's name: _____ Date of birth: _____ Height: _____ Weight: _____

Address: _____
Street City State Zip code

Diagnosis: _____ Date of onset: _____

Mobility: Independent Ambulation: Yes ___ No ___ Assisted Ambulation: Yes ___ No ___

Braces/Assistive Devices: _____

Please indicate any special concerns in the following areas, including surgeries:

AREA	YES	NO	COMMENT
auditory			
visual			
speech			
cardiac			
circulatory			
pulmonary			
neurological			
muscular			
orthopedic			
allergies			
learning disabilities			
mental impairment			
psychological impairment			
other			

In my opinion, this patient can receive riding instruction under appropriate supervision.

Precautions or restrictions to therapeutic horseback riding _____

Physician's name (print please): _____ Phone: _____

Address: _____
Street City State Zip code

**Physician's signature: _____ Date: _____

**Form must be signed by the physician Please print & sign

INFORMATION FOR PHYSICIANS

The following conditions, if present, may represent precautions or contraindications to equine assisted activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree. If you have any questions or concerns, please feel free to contact us at 978.475.4056.

Contraindications:

Indwelling Catheter

Orthopedic:

Spinal Joint Fusion/Fixation
Spinal Joint Instabilities/Abnormalities
Atlantoaxial Instabilities (incl. Neurological symptoms)
Joint Subluxation/Dislocation
Osteoporosis
Pathological Fractures
Coxas Arthrosis
Heterotopic Ossification/Myositis Ossification
Osteogenesis Imperfecta
Spinal Orthoses
Internal Spinal Stabilization Devices

Neurological:

Hydrocephalus/Shunt
Spina Bifida
Tethered Cord
Chiari II Malformation
Hydromyelia
Seizure Disorders
Multiple Sclerosis

Medical /Psychological:

Allergies
Hemophilia
Cardiac Condition