

# Riding Lessons at C & M Farms and Equestrian Center LLC:

## CANCELLATION POLICY:

ALL LESSONS NEED TO BE CANCELLED 24 HOURS PRIORTO YOUR SCHEDULED RIDING TIME. If you do not cancel you will forfeit that lesson. We understand sickness and emergencies come up and sometimes that notice is not feasible. In the case of this happening please contact your instructor as soon as you can.

Anyone eligible for a makeup can do that within 30 days of missed lesson. See instructor for details.

### **MONTLY COST:**

***Prepay for the month and save  
Below prices are per lesson. Add below  
Lesson amount to number or lessons taking  
Each month.***

***one hour private: 50.00  
half hour private: 35.00  
one-hour group: 40.00***

***IF PAYING WEEKLY ADD 5.00  
TO MONTLY AMOUNTS***

\*\* Vacations- If you give your instructor a months' notice you will not be charged for those dates of missed lessons. We will then be able to use that time spot for make ups.

I have read and understand the cost and cancellation policy of C & M Farms. In consideration of myself and or my child's participation in horseback riding at C & M Farms, it is understood that I assume all risk in consideration with any accident and or damage there to myself, my child or property. I hereby release C & M Farms, its officers, employees, riding instructors whether employees or subs and anyone associated with the organization of our program from all claims demands and liability on account of any and all injury, losses, or damages to myself, my child or my property during participation in this program This assumption of risk shall remain in effect until termination by written notice is received to C & M Farms. Furthermore I the undersigned agree that horse by their very nature are unpredictable and subject to animal whim and that injury or death may occur while working around horses. I agree that an approved riding helmet and riding boots will be worn at all times while on a horse during my supervised lesson.

RIDERS NAME: please print \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

RIDER SIGNATURE or Legal Guardian \_\_\_\_\_ DATE \_\_\_\_\_

PRINT legal Guardian \_\_\_\_\_

Home # \_\_\_\_\_ cell # \_\_\_\_\_ other # \_\_\_\_\_