



RIDING LESSONS APPLICATION

Welcome to your riding lessons! Our goal is to make your riding lesson a pleasant experience for both you and the horse!

Enjoy your lessons, and if you have any concerns, questions, or ideas, don't hesitate to let us know!

On your first lesson, we need to receive this application and a **Liability Release** form from you. Please fill this form out completely. An application needs to be filled out for each rider. By signing this application, you also indicate that you have read and understand basic horse safety rules

DATE: _____

RIDERS NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE (H): _____ **PHONE (Work or Cell):** _____

EMAIL: _____

AGE: _____ **HEIGHT:** _____ **WEIGHT:** _____

BIRTHDATE: _____

RIDING EXPERIENCE (CHECK ONE):

NONE HAVE RIDDEN HAVE TAKEN LESSONS

RIDING GOALS (CHECK ONE):

PLEASURE/TRAILRIDING PLAYDAYS/RODEOS/BARRELRACING SHOWMANSHIP/HORSESHOWS

PLEASE DESCRIBE RIDING EXPERIENCE IN MORE DETAIL (FOR EXAMPLE WHERE DO YOU WANT TO BE AT THE END OF YOUR LESSONS):



Healing Reins Ranch, LLC.
Blakely Performance Horses
Healing & Fun; For Horses And People!



DESCRIBE PHYSICAL AILMENTS/DISABILITIES THAT MAY AFFECT YOUR ABILITY TO PARTICIPATE IN HORSEBACK RIDING ACTIVITIES:

**INCASE OF A MEDICAL EMERGENCE:
 FAMILY DOCTOR'S NAME AND PHONE:**

INSURANCE CO. AND POLICY NO:

Do you give Blakely Performance Horses permission to take pictures or short videos to use on their website or Facebook page, healingreinsranch.com? YES NO

Self-Pay Student EPIC Student (any lessons that your learning fund does not cover will be parents responsibility.

Lessons are still charged unless we receive a 24 hours' notice of cancelation, except for medical illness or emergency.

Please share with us where you heard about us! _____

 Signed
 Parent or Guardian if Rider is A Minor

 Printed Name