**Mid -Winter Recess 2019**

**Kentucky Riding Stables, Inc.**

**February 19,21,22 (Tuesday, Thursday, Friday) : 10am –2 pm**

**Our Program Includes:**

**Riding Instruction -Being involved in the daily care of the horses - Horsemanship & Daily Activities**

**$125.00 per day**

**Choose 1 – 2 or 3 days**

**SIGN UP: \_\_\_TUES. \_\_\_\_THUR.\_\_\_\_FRI.**

**A signed release form (on the back) must be signed prior to commencing program.**

**(914) 381-2825 - 325 Union Avenues - Harrison, NY 10528**

**Childs Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level of Riding:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_**

**Parents Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_ e-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Information:**

**Doctors Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1st Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone/Cell \_\_\_\_\_\_\_\_\_\_\_\_**

**2nd Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone/Cell\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Known Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Watch* for our upcoming Fun Days!!!**

**We will also be having our fun days during**

**All School Breaks.**

**Fun days make a great holiday gift.**

**Total Due=\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Deposit & Date\_\_$\_\_\_\_\_\_\_\_\_\_\_\_**

**Balance Due\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Kentucky Riding Stables, Inc**

**325 UNION AVE, HARRISON, NEW YORK 10528**

PH: 914-381-2825

web: kentuckyridingstables.com

PLEASE CHECK ONE: □ Lessons □ Summer Riding School □ Other \_\_\_\_\_\_\_\_\_

(Specify)

Date: \_\_\_\_\_\_\_\_\_\_\_\_

**RIDER APPLICATION AND RELEASE FORM**

Rider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_

Place of Business (adult only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Riding Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE**

In consideration of taking lessons, riding horses and using the facility at The Kentucky Riding Stables, Inc., I , individually, and/or as parent/guardian of the below named minor(s), do hereby consent to assume all risks in connection with such lessons, horseback riding, and use of the facilities, and agree to waive, release, and discharge Kentucky Riding Stables, Inc., its officers, employees, and members, from any and all liability, claims, and actions whatsoever for damages or injury (including fatality) to me and/or said minor(s) by reason of such lessons, horseback riding, or use of facilities or otherwise. I further agree to indemnify and hold harmless Kentucky Riding Stables, Inc. against any loss or damage which it may sustain in consequence of my use or said minor’s use of the horses and facilities and no other agreement, either verbal or written, will in any manner affect this release, which shall be binding upon the heirs, executors, and administrators of myself and/or of the said minor(s) listed here on.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individually /or as parent/legal guardian of the following minors:

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minors Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_