



## Home School Registration Form

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies \_\_\_\_\_ Special Needs \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Parent Email \_\_\_\_\_

Persons Authorized for Drop Off and Pick Up \_\_\_\_\_

\_\_\_\_\_

Session I is February 4<sup>th</sup> through March 31<sup>st</sup> (9 weeks)

Tuesdays, 9am to noon

Registration and Payment

Fee is \$270 per child per session.

A non-refundable registration deposit of \$150 per child per session is required. **You ARE NOT registered until your deposit is paid and sessions fill up fast.** Balance is due the first day of the session.

Please print out, complete and return this 4-page registration and medical emergency information. Cash, money order, or checks made payable to "Coexist Stables". If you would like to pay by credit card, please let me know and I can send a link to your email via QuickBooks. We also accept PayPal to [info@coexiststables.com](mailto:info@coexiststables.com).

A confirmation email will be sent to you upon receipt of completed registration and deposit.

For Office Use Only

Dept. Rec'd: \$ \_\_\_\_\_ Check/MO #: \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_ Balance Paid: \$ \_\_\_\_\_ Check/MO#: \_\_\_\_\_  
\_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ PayPal \_\_\_\_\_

Coexist Stables Home School Riding Questionnaire

Please fill out this questionnaire to help us prepare for your time here. This form is necessary so we can match horse and rider appropriately. Thank you!

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ \*please note- our horses have a 170 lb. weight limit \*

Riding Experience (check one)

\_\_\_\_ Pre-Riding (never been on a horse, afraid of horses and/or may need support to sit balanced in saddle)

\_\_\_\_ Beginner (ridden a horse less than 5 times, little to no experience)

\_\_\_\_ Intermediate (taken more than 5 horseback riding lessons and performs basic riding skills including walk/trot)

\_\_\_\_ Advanced (takes/has taken horseback riding lessons consistently, can walk/trot and perform basic riding skills, confident and comfortable when riding/working with horses)

Please describe any riding experience you have or anything we should know about your experience with horses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note, all horses and ponies are assigned by the instructor. We take into consideration the age/weight/height/experience of students to ensure a safe and enjoyable time here.

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PHOTO CONSENT AND RELEASE

\_\_\_\_ YES! I'll smile for the camera. ☑ Feel free to put my picture anywhere on your website, social media, printed materials or other advertising.

\_\_\_\_ No thanks. I'm camera shy! Please do not take or post pictures of me anywhere.

We're looking forward to seeing you!

Coexist Stables Liability Release and Agreement for this Facility and Program

(Please read carefully, and bring it pre-signed when you arrive to Coexist Stables, which for this agreement, is synonymous with the property located at 5641 Ridge Road, Mt. Airy, MD 21771)

In consideration of being permitted to ride, interact with horses and ponies, take lessons, participate in special functions, which include traveling to and from special events, clinics, trail rides, special sessions, birthday parties, pony rides, equine assisted activities, volunteering and related events and activities; I hereby:

1. Understand that horse-back riding is a high risk sport and I understand the inherent dangers of riding or being around horses and am participating at my own risk. Serious injury may result from using this facility. I am willing to accept the risk of working with/on horses.

2. Hold Coexist Stables; it's owners, employees, agents, and/or volunteers harmless for any and all injuries or illness incurred by myself, my minor children and any others that accompany me on said property. I shall bring no claims, demands, actions, causes or action and/or litigation against Coexist Stables and/or its associates or owners as previously stated for any loss due to bodily injury or death sustained by me, my minor children, legal ward, or horse(s) in relation to the premises and operation of this facility., which includes riding, handling, or being near horses and/or other animals.
3. Understand and agree that Coexist Stables is not responsible for any act, occurrence, or element of nature that can scare, endanger or cause harm to a horse, causing it to react in an unsafe manner.
4. Acknowledge that I am familiar with horse riding and understand the rules governing special activities and the importance of following Coexist Stables Rules.
5. Agree that prior to any horse related activity, I will inspect horse, equipment, facilities, etc., and if I believe anything to be unsafe or beyond my capability, I will immediately notify the person in charge and refuse to participate.
6. Acknowledge and fully understand that I will be engaged in an activity that might result in serious injury including permanent disability or death, and severe social and economic loss. Not only by my action, inaction, or negligence, but also by the action, inaction and negligence of others, the rules of the sport/activity, or conditions of the premises or equipment used. Further, I acknowledge that there may be other risks not known to me or foreseeable at this time.
7. Am aware of the risks involved with horseback riding and I assume these risks and accept personal responsibility for the damages following such injury, permanent disability or death.
8. Understand that no pets other than the animals of Coexist Stables will be allowed on the property.
9. Have checked with my child's physician and my son/daughter has been given a clean bill of health to participate in horse related activities OR has specific written permission by the child's physician and/or attending health care professional(s) to participate in horse related activities.
10. Understand that Stables cannot allow a Coexist person or persons to participate in any horse-related activity(s) if they have used: alcohol, controlled substances or any mood/mind altering substances. This includes illegal drugs, as well as prescription medication, if use of said medication in any way impairs a person's alertness or perception.
11. Understand and agree that anyone using this facility and/or parent/guardian will repair or reimburse Coexist Stables for all expenses which include materials and time in the event of any damage to equipment, jumps, arenas, or any part of the property that is damaged by their horse(s) or themselves.
12. Am aware that inhumane treatment of the horse(s) or repeated unsafe acts will immediately void all agreements and I will forfeit any fees and rights to access this center.
13. Understand that the stable owner shall not be liable for an injury to the horse(s) or damage to any property should the said horse(s) escape from the enclosure or while on the property.

I have read this warning, waiver and release, and understand that I give up substantial rights by signing it, and knowing this I sign it freely and voluntarily agree to participate and/or have my minor children participate, knowing these risks and conditions involved and do so of my own free will.

Name of Participant \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_