

RIDING RELEASE
ALL RIDING IS AT YOUR OWN RISK

Date: _____ / _____ / 2021

Riders Name:	
Address:	
City/State/Zip:	
Daytime Phone:	
Evening Phone:	
Cell Phone:	
E-mail:	
D.O.B.. (Junior Riders)	
Approximate Height:	
Approximate Weight:	
Past Riding Experience:	

I agree to pay for the use of horse(s), gear, tack, equipment, premises and other facilities provided by Twin Lakes Farm, Inc., and its agents, subsidiaries and employees, The Westchester Riding Center, LLC, and the County Of Westchester, hereafter collectively referred to as "Twin Lakes", at prices in effect on the date of use, for riding and/or instruction for myself and or children.

I understand that riding horses and being in a riding stable is an inherently hazardous activity. I assume the risk of any damage or injury that might occur. I understand that all activities are at my own risk and that riding horses is an assumed risk sport for which I am aware carries the risk of falls and injuries.

WARNING: UNDER NEW YORK LAW, AN EQUINE PROFESSIONAL OR EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 18-303 AND 18-404 OF THE GENERAL OBLIGATIONS LAW

I hereby release Twin Lakes from, and agree that Twin Lakes shall not be liable to me, my children, or any other persons for any damages arising from personal injuries sustained be me or my children, in or about Twin Lakes premises, resulting from or arising out of my or my children's' use or intended use of Twin Lakes horses, gear, tack, equipment, premises and other facilities. For my children and I myself agree not to sue for such injuries and use of facilities is at our own risk.

I hereby release Twin Lakes, and its officers, directors, employees and agents from any claims for the negligence of any other person present in or about Twin Lakes premises, barns, rings, and driveway or parking area. I hereby further release Twin Lakes, and its officers, directors, employees, and agents from any claims for any injuries or losses arising from or arising out of the negligence of Twin Lakes.

I understand that all lessons have a full 24 hour cancellation policy and I will be charged in full for lessons not canceled a full 24 hours before the scheduled lesson. Riders who are ill or sick will need to provide a doctor note in order not to be charged for missed lessons.

Individual lessons and lesson programs are non-refundable and non-assignable except to immediate family. Prepaid lessons expire ninety (90) days from purchase except where otherwise indicated. Twin Lakes reserves the right to substitute instructors and/or horses at any time.

I agree to ride in an approved safety helmet at all times when mounted on any horse on Twin Lakes property. Twin Lakes provides tack and equipment, including safety stirrups, for all lessons. I understand that should I be permitted to use my own tack or saddle it must fit the horse and be compliant with all safety and other requirements of the barn.

Checks are payable to "Twin Lakes Farm" prior to lesson, returned checks incur \$30 fee. Twin Lakes Farm reserves the right to require cash payment thereafter for individuals whose checks are returned for any reason.

Payment is due at the time of the lesson, event, or purchase of goods. Failure to pay at the time of service will result in the credit card on file being charged the total sum plus a 3% convenience fee.

I agree to obey all the rules listed in this agreement and/or any other written or posted rules that may be in effect on the date of use.

If any part of this agreement should be deemed invalid, such part shall be severed, and the rest of the agreement shall continue in effect. This agreement may not be changed or challenged orally and is in effect as written. I have read, understood and agree unconditionally to the terms of this release.

Rider Signature:

Print Name:

Parent Signature: (If rider is a minor)

Print Name:

REQUIRED INFORMATION to be filled out on FRONT and BACK of page.

Twin Lakes Farm Credit Release Form 2021

You authorize **Twin Lakes Farm** to keep your credit or debit card information on file for any charges associated with your account, including but not limited to: lessons, boarding, engagements not kept, attire, equipment, horse shows etc.

By signing this form, you give Twin Lakes Farm permission to charge your account for charges accrued on or after the indicated date. *All credit card charges are subject to a 3% convenience fee.*
This authorization will remain valid until Twin Lakes Farm is notified in writing to remove the card on file.

**Please remember to cancel all appointments a minimum of 24-hours in advance.
Lessons not canceled within the 24-hour window will be charged in full.**

Full Name of Rider: _____

Full Name as listed on Credit Card (if different from above): _____

Credit Card Type: _____

Credit Card Number: _____ - _____ - _____ - _____ Visa\Mastercard\Discover
_____ - _____ - _____ - _____ Amex

Expiration Date: ____ / ____

Security Code: _____

Billing Address: _____

Billing Zip Code: _____

Email: _____

Phone: (____) _____ - _____

Signature: _____ Date: _____

REQUIRED INFORMATION to be filled out on FRONT and BACK of page.