

Terms and Conditions for Equine Riding Lessons

Palmetto Equestrian

P.O. Box 71

Clinton, SC 29325

Phone (864) 923-4998

Riding Lesson Agreement

Date _____

State of South Carolina

County of Laurens

I, (Parent, Guardian if rider is under 18) _____ have contracted with Palmetto Equestrian to give (rider's name) _____ age (if under 18) _____ riding lessons at a cost of \$25 for group riding lessons payable to our instructor, Mrs. Leigh Anne Waters. All riding lessons consist of tacking up the horse, riding, and putting up the horse properly at the lesson conclusion. I understand that proper attire must be worn for riding lessons, which includes closed-toe shoes/boots and an SEI-ASTM approved riding hat that fits properly with an attached harness. Safety helmets are provided by Palmetto Equestrian unless the rider has his/her own.

South Carolina Liability Law

Under South Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, Pursuant to Article 7, Chapter 9 of the Title 47, Code of Laws of South Carolina, 1976.

Palmetto Equestrian Rules and Regulations

- No entry into tack/feed areas without program staff's permission.
- No smoking on premises.
- No climbing, sitting, or standing on stall doors, fences, or gates (includes arena).
- No riding beyond parking area across from the barn.
- No consumption of alcohol beverages or drugs on premises.
- You are responsible for your friends and visitors conduct and safety while on the property.
- No dogs are allowed on property.
- No running around horses, down the drive, or riding areas.
- All trash needs to be disposed of in trash barrel.
- Horses will not be handled in or out of the stalls without program staff's permission and/or supervision.
- Rider must wear proper attire for riding lesson.

I am aware of the inherent risks of horseback riding. I further understand that I must be careful while on the property, particularly while horses are being handled. Palmetto Equestrian and the owners of the property cannot and do not assume any liability for accidents, injury, or death to a person. I further have reviewed and understand the content of South Carolina's Liability Law, which is posted at drive entrance, barn, and riding arena. Likewise, I accept full responsibility for friends and visitors accompanying myself on the property.

Attorney Fees

In any litigation, arbitration, or other proceeding by which one party either seeks to enforce its rights under this agreement (whether in contract, tort, or both), or seeks a declaration of any rights or obligations under this agreement, the prevailing party shall be awarded its reasonable attorney fees, and costs and expenses incurred.

I, the undersigned, have read and understand the above contract, which includes rules and regulations that I agree to abide by in total. I further understand that if any of the above rules are not followed, Palmetto Equestrian has the right to cancel this contract in full.

ACCEPTED BY:

Parent Signature: _____

Rider's Name _____

Address _____

Phone _____ Emergency _____

Rider's Authorization for Emergency Medical Treatment

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of Mr. And Mrs. John pate, I authorize the PET Riding Program to:

1. Secure and retain medical treatment and transportation if needed;
2. Release rider records upon request to the authorized individual or agency involved in the medical emergency treatment.

Physician's Name _____ Preferred Medical Facility _____

Health Insurance Company & Policy Number _____

Consent Plan for Emergency Medical Treatment

Print Name (Parent or Guardian) _____ Phone _____

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will be employed only if the person listed above is unable to be reached. Please list any medi9cal conditions (asthma, allergy to medication, etc.), medical devices and medications that professionals would need to take into consideration regarding treatment.
