



Rider's Name _____ Age _____

Riding Experience _____

Address _____

_____ Email: _____

Father _____ Ph: _____ Work Ph: _____

Mother _____ Ph: _____ Work Ph: _____

Emergency Information:

Emergency Contact: _____ Ph: _____

Health Information: (Examples: epilepsy, allergies, adverse drug reactions, etc.)

I/We, _____, give my/our consent to Bee Cave Riding Center employees to seek medical attention for my/our child, _____, in the event of an emergency until parents or guardians are notified and able to respond.

I/We, _____, do not hold Bee Cave Riding Center, LLC, and their employees liable for any accident or injuries, including death that occurs while the above named rider, myself, or any family member is on the premises of Bee Cave Riding Center property. I/We understand the inherent danger of horses and horseback riding and accept the responsibility of our involvement in this sport.

I ___(do) ___(do not) give Bee Cave Riding Center permission to photograph and/or video me and/or my child for marketing purposes.

Your lesson agreement is subject to the following fees:

1 Hour Private Lesson - \$70 1 Hour Semi-Private Lesson (2-3 riders) - \$55 1 Hour Group Lesson - \$45

One rescheduled lesson per month will be allowed. The lesson may be rescheduled due to illness, planned vacation, etc.

WARNING: Under Texas Law (Chapter 87, Civil Practice and Remedies code) an Equine Professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities.

Signature: _____ Date: _____

Please select your trainer:

Kathy Slack

Lindsey Mortimer

Anneke Paterson

Jessie Ubertini

Please select your lesson day/days, including time, and lesson size:

Monday Time _____ 1 Hour Private 1 Hour Semi-Private 1 Hour Group

Tuesday Time _____ 1 Hour Private 1 Hour Semi-Private 1 Hour Group

Wednesday Time _____ 1 Hour Private 1 Hour Semi-Private 1 Hour Group

Thursday Time _____ 1 Hour Private 1 Hour Semi-Private 1 Hour Group

Friday Time _____ 1 Hour Private 1 Hour Semi-Private 1 Hour Group

Saturday Time _____ 1 Hour Private 1 Hour Semi-Private 1 Hour Group

Sunday Time _____ 1 Hour Private 1 Hour Semi-Private 1 Hour Group

Please select your preferred payment:

Paypal – kathyk@texas.net

Cash/Check – Placed in box in tack room – If paying by check, please write in the description area the service you are paying for (example: lessons, lease, show bill, etc.)

Online – Invoice will be emailed