

**Client Information Form**

**Student Name:** \_\_\_\_\_

**Student Date Of Birth:** \_\_\_\_\_

**Parent/Guardian(s):** \_\_\_\_\_

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

\_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Can we text this number?** \_\_\_\_\_

**Additional Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact:**

\_\_\_\_\_

\_\_\_\_\_

**Any allergies or other things we need to know about?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Payment Policies

There are several reasons to consider authorizing an automatic credit card payment, such as convenience if you have a balance due when office staff is not present, to save time during your visit with us, of if your child frequently attends their lesson without a parent, and to avoid missing lessons due to a past due balance. If you are interested in keeping your confidential card information securely on file with us, please complete this form. You may cancel this authorization at any time. If you prefer not, simply sign the portion relating to our payment policy and return this form to our office staff. By keeping a card securely on file, interruptions to your weekly lessons can be avoided. Receipts for any charges made will be sent via our secure card processing system to the email provided by you below.

I, \_\_\_\_\_, **would not** like to leave a card on file and understand that without prior payment at the time-of-service Mack Hill is unable to provide lessons and that students with any outstanding balance will be unable to lesson until the balance has been paid in full. I acknowledge that Mack Hill has a 48-hour cancellation policy and I will be responsible for any lessons not cancelled with at least 48 hours' notice. I further understand that any outstanding lessons, if no punch card is on file, will be billed at the non-discounted rate of \$60, or \$35 for Tiny Trotter lessons. I further understand that any lesson packs or pre-paid lessons cannot be pro-rated or refunded at any time.

I, \_\_\_\_\_, **agree** to provide the following credit card information and authorize the credit card listed below to be automatically charged after each riding lesson (\$35 Tiny Trotter or \$60 full or \$60 full lesson) for which I do not have a current punch card on file and/or outstanding account balances. I acknowledge that Mack Hill has a 48-hour cancellation policy and I will be responsible for any lessons not cancelled at least 48 hours prior. I further understand that any outstanding lessons, if no punch card is on file, will be billed at the non-discounted rate of \$60. I further understand that any lesson packs or pre-paid lessons cannot be pro-rated or refunded at any time.

**Credit Card Type:**       Visa     MasterCard     Discover     AMEX

**Name on Credit Card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_

**Email for Receipts:** \_\_\_\_\_

**Student:** \_\_\_\_\_

**In addition to balances due as listed above, please use this card to automatically renew: (check any/all that apply)**

6 lesson pack (\$330/\$300)

12 lesson pack (\$600/\$540)

Tiny Trotter lesson single (\$35)

Lease Fee \$ \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_ (date)

Show Fees (varies)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# RELEASE FORM

**SOUHEGAN RIDERS LLC**  
**d/b/a Mack Hill Riding Academy**  
**3 Mack Hill Rd.**  
**Amherst, NH 03031**

I, \_\_\_\_\_, agree to release for all purposes Souhegan Riders LLC, and its employees, agents, contractors and managing members (W. Scott O'Connell and Susan O'Connell), as well as the owners of 3 Mack Hill Rd., Amherst, New Hampshire (collectively, the "Equine Activity Sponsors") from any liability related to riding, training, grooming or other equestrian activities provided by Souhegan Riders LLC. I understand, acknowledge and affirm the limitations of liability provided by New Hampshire law (See RSA 508:19) for Equine Activity Sponsors.

Each participant in an equine activity expressly assumes the risk of and legal responsibility for any injury, loss or damage to person or property which results from participation in an equine activity. Each participant shall have the sole responsibility for knowing the range of his or her ability to manage, care for, and control a particular equine or perform a particular equine activity, and it shall be the duty of each participant to act within the limits of the participant's own ability, to maintain reasonable control of the particular equine at all times while participating in an equine activity, to heed all posted warnings, and to refrain from acting in a manner which may cause or contribute to the injury of any person.

In signing this release, I agree that I am aware of the risks and dangers involved with horseback riding and the related equine activities. I understand that horses/ponies are large and unpredictable animals by nature, that they may bite, buck, kick, rear and otherwise act in manner which could hurt me, that even the most experienced riders may have difficulties controlling an animal, and that the resulting risks can cause serious bodily injury or even death.

Being aware of these risks associated with horses/ponies, horseback riding and all equestrian activities, I consent to and assume these risks. I also agree that in addition to the limitations of liabilities provided by state law, to hold the Equine Activity Sponsors harmless for any injury or damage I suffer while engaged in an Equine Activity.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant (If over 18 years of age)

**Signature of parent or legal guardian if the participant is under 18 years of age.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Street Address Town State Zip

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Cell Phone Number

E-mail address: \_\_\_\_\_

**PHOTO RELEASE FORM**  
**FOR RIDING LESSONS**

**SOUHEGAN RIDERS LLC**  
**d/b/a Mack Hill Riding Academy**  
**3 Mack Hill Rd.**  
**Amherst, NH 03031**

Student Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I, \_\_\_\_\_ DO / DO NOT (please circle) give permission for photos of my child to be taken and used in Mack Hill promotional materials. Please initial: \_\_\_\_\_.

**\*\*Please know that we will never publish the last name of any student.**