



**PAYMENT CONTRACT – 7/8 Week Session**

Client's Name \_\_\_\_\_ Legal Guardian \_\_\_\_\_  
Phone # \_\_\_\_\_ Email Address \_\_\_\_\_  
Billing Address: \_\_\_\_\_

Contact person (other than above) for payments & fundraising:  
Name \_\_\_\_\_  
Relationship to client \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Email address \_\_\_\_\_

Emergency Contact:  
Name \_\_\_\_\_  
Relationship to client \_\_\_\_\_ Phone # \_\_\_\_\_

Household Income:  0-9,999  10,000-14,999  15,000-24,999  25,000-34,999  35,000-49,999  
 50,000-74,999  75,000-99,999  100,000+

**Client Current Weight:** \_\_\_\_\_

SESSION: New Year (Jan/Feb), Spring (March/April), Summer (June/July), Fall (Aug/Sept), Winter (Oct/Nov)

I am participating in: **(circle one)** • Groundwork Only **(\$370)** • Hippotherapy **(\$870)** • Therapeutic Riding **(\$600)**

*Fees above are for 8 week sessions and will be altered accordingly for 7 week sessions. Fees are due by the end of the session.*

Do you have a fundraising account? Yes / No

I do not have a fundraising account but would like to learn more: Yes / No

**Payment terms:** Please note: *client will be unable to participate in another session if any other session is not paid in full.*

**WARNING**

Under South Dakota law, an equine professional 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 §42-11-2.

I agree to the terms set forth in this agreement.

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

Printed Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Signature HorsePower Rep: \_\_\_\_\_



## PAYMENT CONTRACT – 7/8 Week Session Cont'd

Please note the price increase effective as of May 5<sup>th</sup>, 2023. Please fill out the payment contract fully and completely, as this form goes to different staff than other forms. If you have any questions on this form, please contact [coordinator@horsepowersf.com](mailto:coordinator@horsepowersf.com) . Please return this signed page along with the first page.

Cancellations and missed sessions:

**Absence:** The session fee is to pay for your slot during the entire session. If regular or make-up lessons/therapy are provided but you are unable to attend for any given reason, make-up lessons/therapy will not be scheduled and refunds will not be given.

**Tardiness:** If, for any given reason, a client is later than 15 minutes for a lesson or therapy, HorsePower reserves the right to deny services that day in fairness to the other riders and volunteers already in the lesson/therapy.

**Proper Clothing:** Clients must, for the safety of all involved, come properly attired for activities that involve horses. This means full-length pants, and completely enclosed, sturdy shoes. (Please no sandals or Croc-type shoes. Sneakers and boots are preferred!) If the client does not have proper attire and footwear on, HorsePower will not be able to provide the lesson to them, and no refund will be given.

**Cancellation & Rescheduling Policy:** Due to horse health and rider safety, lesson cancellation and rescheduling will be left up to Horsepower's discretion. Horsepower will make every attempt to notify clients of lesson cancellations within 3 hours prior to the start of a lesson and to accommodate rescheduling where possible. Regarding cancellation and client refunds, all Horsepower facility closures and/or lesson cancellations will first exhaust the client's scholarship funds. Moreover, lesson cancellations will not affect client tuition costs unless all scholarship funds are depleted.

I have read, understood, and I hereby agree to the above policies.

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Print Name of Client

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Signature of Client/Responsible Party

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Date



## Statement to Continue Validity of Paperwork

Dear Participants, Parents, and Guardians,

This form is meant to continue the validity of the complete set of paperwork you most recently submitted, (which is not expired) **if there has been a gap in services**. (If the client has not been continuously enrolled in services at HorsePower.) Please review the information on the forms and if there is a change, please cross out the original written part, and write what is needed, and initial next to it. Renewal of OT Paperwork, PT paperwork, and physician release will be parent or guardian responsibility to keep track of. HorsePower will check each session to make sure the releases are updated. If the sessions are not updated, the client will not be able to participate if the said form is expired. *The Payment Contract has to be redone each Session, and thus is excluded from this agreement.* The Client Scheduling form and, if needed, the Scholarship form would also need to be re-submitted each session.

Legal Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Having submitted all the necessary paperwork to participate in the HorsePower program, I hereby declare that:

All the information submitted on said paperwork is still correct, or I have made corrections directly to it, and my (or my assign's) **medical status is unchanged**. I request and agree that, *with the exception of the Payment Contract previously submitted*, my signature(s) on any and all parts within that paperwork remain valid for a period of up to three (3) years from the date they were signed.

I understand that new paperwork will be due after 1, 2, or 3 years, as indicated by the physician, and/or PT/OT forms renewed as indicated by the Therapist, for continued participation.

### WARNING

Under South Dakota law, an equine professional 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 §42- 11-2.

By signing below, I assert and agree to the above statements.

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

Printed Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Signature HorsePower Rep: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



### SCHEDULING

Client: \_\_\_\_\_

**New Year (Jan/Feb) Spring (Mar-May) Summer (June/July) Fall (Aug-Oct) Winter (Oct-Dec)**

**Please pick AT LEAST 3 times that will work for you, labeling them 1 - 3**, put an X in any other spots that will also work for you.. Please note: the more flexible you are the better odds that you will get a time that works for you. The parent, guardian, caregiver, transporter, staff, etc. that brought the participant out to the barn must stay **on-site** during the participant’s lesson.

Hippotherapy: only available Tues/Wed/Thurs

Day/Time	Monday	Tuesday	Wednesday	Thursday
9:00-10:00				
10:00-11:00				
11:00-12:00				
12:00-1:00				
1:00-2:00				
2:00-3:00				
3:00-4:00				
4:00-5:00				
Hippotherapy not available Mondays				
The following times are <b>only</b> available for <b>Therapeutic Riding</b> During the <b>SUMMER</b> Session				
5:30-6:30				
6:30-7:30				
7:30-8:30				

Additional comments regarding scheduling: \_\_\_\_\_

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