



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 _____

Best way to contact you about lesson updates: Text ☐ Email ☐ Phone call ☐

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:(**circle one**)

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**) - Not available
- 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.

Payment Terms: *Please be aware that the client will not be able to join another session if any previous session has not been fully paid.*

Would you like information on a fundraising account : Yes / No

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 ensure that you complete the payment contract thoroughly. If you have any questions regarding this form, do not hesitate to reach out to the Program Coordinator. Additionally, this form requires a signature. Kindly return this signed page along with all the other pages.

Cancellations and missed sessions:

Absences: We kindly request that you provide us with at least 24 hours' notice for any absences. Our lessons rely on volunteers who often travel long distances or use their paid time off to be present, so we ask for this courtesy on their behalf. If you cannot attend your lesson for any reason, please note that make-up lessons will not be scheduled, and refunds will not be issued.

Tardiness: Punctuality is of great importance. If, for any given reason, a client is later than 15 minutes for a lesson, HorsePower reserves the right to deny services that day in fairness to other riders. A make-up lesson will not be scheduled and refunds will not be given.

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 or boots with a heel are preferred). Helmets are required, HorsePower provides a variety of sizes, but personal equipment is encouraged. If a client has soiled pants, HorsePower cannot provide the lesson. If the client does not have proper attire and/or footwear on, HorsePower will not be able to provide the lesson to them. A make-up lesson will not be scheduled and a refund will not 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. Refunds or credits for clients due to closure of the Horsepower facility and/or cancellations of lessons will first be deducted from the client's scholarship funds. Lesson cancellations will not impact client tuition costs unless all scholarship funds have been exhausted. Please see **Cancellation & Rescheduling Policy** in original New Client packet for more information.

Supervision: Clients who cannot transport themselves to lessons are required to have a parent or guardian present for the entire duration of the session. If siblings or other children accompany them, they must be supervised by the parent or guardian at all times and are not permitted to roam the property without adult supervision.

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

Print Name of Client

Signature of Client/Responsible Party

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: Not Available

| 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 | | | | |
| NOT ALWAYS AVAILABLE | | | | |
| 5:30-6:30 | | | | |
| 6:30-7:30 | | | | |
| 7:30-8:30 | | | | |

Additional comments regarding scheduling: _____

