



## PAYMENT CONTRACT – 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 \_\_\_\_\_

Household Income:  0-10,000  10-25,000  25-40,000  40-60,000  60,000+

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

DATES OF SESSION \_\_\_\_\_ I am participating in: (circle one below)

- Ground Work Only (**\$350**)
- Hippotherapy (**\$830**)
- Therapeutic Riding (**\$570**)

**Required Fee due at beginning of session:**

- Ground Work Only (**\$50**)
- Hippotherapy (**\$100**)
- Therapeutic Riding (**\$70**)

*The remainder of the fees are due at 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:** For non-scholarship accounts, a **5% discount is available** when paid in full during the first week of lessons. Otherwise, the entire balance of any account is due by the end of the session. If payments are extended beyond end of session there will be a **\$5 per month billing fee each month** until the account is paid in full. 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: \_\_\_\_\_

HorsePower • 26659 Blue Sage Lane, Suite 100, Sioux Falls, SD 57106 • (605)251-1685  
coordinator@horsepowersf.com



## PAYMENT CONTRACT – 8 Week Session Cont'd

Please note the price increase effective as of May 1<sup>st</sup>, 2018. 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 Director of Finance and Administration at contact info at the bottom of this form. This form now needs a signature as well. 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 50% of lesson or therapy length, 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.

**Inclement Weather:** If a lesson/therapy is canceled by HorsePower due to inclement weather, every effort will be made to offer a make-up lesson at their regular time during the two week break following the session. As a last resort, if HorsePower is unable to offer a make-up, a refund of the lesson fee may be issued, at HorsePower's discretion.

**Other Cancellations:** If HorsePower is unable to provide services due to internal reasons (e.g., Instructor is unable to provide a lesson that day), every effort will be made to offer a make-up lesson at their regular time during the two week break following the session. As a last resort, a refund of the lesson fee may be issued, at HorsePower's discretion.

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

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## SCHEDULING

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

Which Session are you filling this form out for? Please circle one:

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

Please mark an **X** on all the days and times you **are** available. Please note: the more flexible you are the better the groups will be matched! Also, 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; extended summer hours may not apply.

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

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



## 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 our staff will make available to you to make sure it is still correct. Make any changes directly to the form, and initial by the changes. Renewal of complete paperwork will be required after 1, 2, or 3 years, depending upon the length of time indicated by your Physician on the medical release &/or the length of time indicated by your Physical/Occupational Therapist. *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.

Participant's Name: \_\_\_\_\_

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: \_\_\_\_\_

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