



Lesson Information

Let's Saddle Up Therapeutic Horsemanship is at Solid Rock Stables

1907 Durbin Road, Fountain Inn, SC 29644

Contact Sharron Dillard RN at 864-871-1744

LSU Silver Stirrups program is set up for anyone over the age of 50. Riding is greatly beneficial for the elderly. It improves flexibility, balance, and strength.

Cost for the program is \$40 per lesson. It is a one-hour lesson, and we teach grooming and saddling.

Please give 2 hours' notice if cancelling lessons. There is no refund of money. Please make checks out to Let's Saddle Up. No shows or less than 2 hours of notification, you will be responsible to pay for the lesson.

Confirmation of your lesson by text, email, or phone call will be required by Tuesday of the week of your lesson.

Attire- All riders are required to wear a Horse-Riding helmet. NO bike helmets are allowed. We do have helmets available to use but it is recommended to have your own helmet, because they are shared with many people. Long pants are to be worn. And either boots or a shoe with a heel is required.

Forms need to be filled out completely before lessons can be scheduled.

Forms required for Silver Stirrups Program:

- 1- Rider Registration form and with instructor's request may need,
- 2- Please mail forms to 554 Spring Road, Laurens, SC 29360

I have read and understand the rules for Silver Stirrups riding program.

date_____



Therapeutic Horsemanship

Rider Registration Form (ABLE RIDERS)

Name _____ Date of Birth _____
Parent/Guardian Name _____ Phone: Home _____
Address _____ Cell _____
City _____ State _____ Zip _____ E-mail _____

Liability Release

Warning: Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

I acknowledge the risks and potential for risk of horseback riding. However, I feel that the possible benefits to myself/my son/ my daughter/ my ward/ are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against "Let's Saddle Up", its Board of Directors, Instructors, Therapist, Aides, Volunteers and/or Employees for any and all injuries and /or losses I/my son/ my daughter/ my ward may sustain while participating in "Let's Saddle UP".

Date: _____ Signature: _____

Photo Release- I hereby consent to and authorize the use and reproduction by Let's Saddle Up of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities or for any other use for the benefit of the program. It is our policy, that names will not be attached to the photographs.

Date _____ Signature: _____

Emergency Medical Information

Rider's name: _____

Emergency Contacts

Name: _____ Phone # _____

Name: _____ Phone # _____

General Information

Physician's Name: _____

Health Insurance Co. _____ Policy # _____

Consent for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize "Lets Saddle Up" to secure and retain medical treatment and transportation if needed and to release client records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-rays, surgery, hospital, medication and any treatment deemed "life saving" by the physician.

Date: _____ Signature of parent, guardian, client _____