

HORSEBOUND

Student Information

Name _____

Birthday _____

Contact Information

Name/Relationship _____

Address _____

Phone Number(s) _____

Email _____

Emergency Contacts

Name/Relationship _____

Cell _____ Home _____

Name/Relationship _____

Cell _____ Home _____

Photo Release

I grant Horsebound permission to take photographs and video to be used for public relations and promotion purposes (ie facebook, instagram, website)

Signature _____ Date _____

Medical Information

Medical Conditions/Medications _____

cancellations - Please provide 12 hour notice or you may be charged for the scheduled lesson. "No-Shows" are an automatic charge. Cancellations with proper notice will be offered 2 opportunities for a make-up lesson or be charged for the lesson.

Full monthly payment is due at the first lesson of every month or is subject to a late fee charge of an extra \$5/lesson

