

**THE BUFFALO EQUESTRIAN CENTER**

950 AMHERST STREET \* BUFFALO, NY 14216

716-877-9295

Fax 716-877-4001

www.buffaloequestriancenter.org

email:becandbtrc@aol.com

Dear Parents,

The Buffalo Equestrian Center will be offering our 2018 fall school group riding program to area schools. Our program has been designed to serve as an introduction to English horseback riding at the beginner and intermediate level. We stress safety and complete care for our equine friends.

The classes will be once a week for one hour. We will have **30 minutes of barn preparation and 30 minutes of riding**. Each class will be limited to six riders who are **enrolled as students** in your school. There will be 1 make-up lesson at the end of each session. Riders are required to give at least 24 hours notice if they will not be able to make their lesson. Transportation is the responsibility of parents.

We require each student to wear long pants, and a short or tall boot with a one inch heel. Helmets will be provided. Keep in mind that the barn and arena are not heated so plan to dress warmly in the case of colder weather.

**Fall -**

**Tuesdays at 3:30-4:30 PM: September 25, October 2, October 9, October 16  
October 23 (make-up lessons only)**

**The cost for one 4-week session is \$275.00. Spots are reserved on a first come, first serve basis. There are only 6 spots available. Payment and forms are due by September 10. Parents are responsible for transportation.**

The school representative, Scott Lawson, will collect paperwork and payment. No student will be allowed to ride without a signed and **NOTARIZED** release form and check for the full payment of the session. **The paperwork and full payment checks must be turned in to the BEC before the start of the first class.** Checks are non-refundable after the first class begins.

This is a very popular program and we will treat it on a first come first serve basis! We welcome back students who have previously participated in this program and look forward to meeting new riders! If you have any questions please call 877-9295 or email us at [becandbtrc@aol.com](mailto:becandbtrc@aol.com).

Thank you,

Buffalo Equestrian Center Staff

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PLEASE CHECK ONE:  Member Lessons  Summer Camp  Other \_\_\_\_\_  
(specify)  
Date: \_\_\_\_\_

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## RIDER APPLICATION AND MEDICAL AUTHORIZATION

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PLEASE PRINT CLEARLY

Rider's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Place of Business (adult only): \_\_\_\_\_ Phone: \_\_\_\_\_

Riding Experience: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies (medications, food): \_\_\_\_\_

Current medications: \_\_\_\_\_

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 The Buffalo Equestrian Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical treatment.

### Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This will only be invoked if the person(s) above is unable to be reached.

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

Client, Parent, or Legal Guardian

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**RELEASE**

In consideration of taking lessons, riding horses and using the facility at The Buffalo Therapeutic Riding Center / The Buffalo Equestrian Center, Inc., I , individually, and/or as parent/guardian of the below named minor(s), do hereby consent to assume all risks in connection with such lessons, horseback riding, and use of the facilities, and agree to waive, release, and discharge The Buffalo Therapeutic Riding Center / The Buffalo Equestrian Center, Inc., its officers, employees, and members, from any and all liability, claims, and actions whatsoever for damages or injury (including fatality) to me and/or said minor(s) by reason of such lessons, horseback riding, or use of facilities or otherwise. I further agree to indemnify and hold harmless The Buffalo Therapeutic Riding Center / The Buffalo Equestrian Center, Inc. against any loss or damage which it may sustain in consequence of my use or said minor's use of the horses and facilities and no other agreement, either verbal or written, will in any manner affect this release, which shall be binding upon the heirs, executors, and administrators of myself and/or of the said minor(s) listed hereon.

\_\_\_\_\_  
Notarized

\_\_\_\_\_  
Individually and/or as parent/legal guardian  
Of the following minors:

\_\_\_\_\_  
Date

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