

CLIENT INFORMATION FORM

Student name: _____

Student date of birth: _____

Parent/Guardian: _____

Address: _____

Primary phone: _____

Can we text: _____

Payment Policies

There are several reasons to consider authorizing an automatic credit card payment, such as convenience if you have a balance due when office staff is not present, to save time during your visit with us, of if your child frequently attends their lesson without a parent, and to avoid missing lessons due to a past due balance. If you are interested in keeping your confidential card information securely on file with us, please complete this form. You may cancel this authorization at any time. If you prefer not, simply sign the portion relating to our payment policy and return this form to our office staff. By keeping a card securely on file, interruptions to your weekly lessons can be avoided. Receipts for any charges made will be sent via our secure card processing system to the email provided by you below.

I, _____, **would not** like to leave a card on file and understand that without prior payment at the time-of-service Mack Hill is unable to provide lessons and that students with any outstanding balance will be unable to lesson until the balance has been paid in full. **I acknowledge that Mack Hill has a 24-hour cancellation policy and I will be responsible for any lessons not cancelled with at least 24 hours' notice.** I further understand that any outstanding lessons, if no punch card is on file, will be billed at the non-discounted rate of \$65, or \$40 for Tiny Trotter lessons. I further understand that any lesson packs or pre-paid lessons cannot be pro-rated or refunded at any time.

I, _____, **agree** to provide the following credit card information and authorize the credit card listed below to be automatically charged after each riding lesson (\$40 for Tiny Trotter or \$65 for regular lesson) for which I do not have a current punch card on file and/or outstanding account balances. I acknowledge that Mack Hill has a 24-hour cancellation policy and I will be responsible for any lessons not cancelled at least 24 hours prior. I further understand that any outstanding lessons, if no punch card is on file, will be billed at the non-discounted rate of \$65. I further understand that any lesson packs or pre-paid lessons cannot be pro-rated or refunded at any time.

There is a 4% service charge on all credit card transactions.

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Name on Credit Card: _____

Billing Address: _____

Zip Code: _____

Credit Card Number: _____

Exp. Date: _____

Security Code: _____

Email for Receipts: _____

Student: _____

In addition to balances due as listed above, please use this card to automatically renew: (check any/all that apply)

☐ 6 lesson pack (\$360)

☐ 12 lesson pack (\$660)

☐ Tiny Trotter lesson single (\$40)

☐ Lease Fee \$_____ from: _____ to _____ (date)

☐ Show Fees (varies)

Signature: _____ **Date:** _____

RELEASE FORM

**SOUHEGAN RIDERS LLC
d/b/a Mack Hill Riding Academy
3 Mack Hill Rd.
Amherst, NH 03031**

I, _____, agree to release for all purposes Souhegan Riders LLC, and its employees, agents, contractors and managing member, Susan O'Connell, the owner of 3 Mack Hill Rd., Amherst, New Hampshire (collectively), the activities provided by the Souhegan Riders LLC. I understand, acknowledge and affirm the limitations of liability provided by New Hampshire law (see RSA 508:19) for equine Activity Sponsors. Each participant in an equine activity expressly assumes the risk of and legal responsibility for any injury, participant shall have the sole responsibility for knowing the range of his or her ability to manage, care for and control a particular equine or perform a particular equine activity, and it shall be the duty of each participant to act within the limits of the participant's own ability, to maintain reasonable control of the particular equine at all times while participating in an equine activity, to heed all posted warnings, and to refrain from acting in a manner which may cause or contribute to the injury of any person. In signing this release, I agree that I am aware of the risks and dangers involved with horseback riding and the related equine activities. I understand that horses, ponies, are large and unpredictable animals by nature, that they may bite, buck, kick, rear and otherwise act in manner which could hurt me, that even the most experienced riders may have difficulties controlling an animal, and that the resulting risks can cause serious bodily injury or even death.

Being aware of these risks associated with horses/ponies, horseback riding and all equestrian activities, I consent to and assume these risks. I also agree that in addition to the limitations of liabilities provided by state law, to hold the Equine Activity Sponsors harmless for any injury or damage I suffer while engaged in an Equine Activity.

Date Signature of Participant (if over 18 years of age)

Signature of parent or legal guardian if the participant is under 18 years of age.

Date Signature Print Name

Street Address Town State Zip

Home Telephone Number Cell Phone Number

Email address: _____

PHOTO RELEASE FORM

Student:

Student date of birth:

Parent/Guardian:

Primary phone:

Email:

I ☐ do/do not (circle) give permission for photos of my child to be taken and used in Mack Hill promotional materials. Please initial:

****We will never publish the last name of any student.**