



HEARTS of Steele EFL, LLC

624 Chardonnay Circle ♦ Brandon ♦ MS 39047

Phone: 601.407.8653

Website: heartsofsteleeefl.com

Participant Registration

Thank you for your interest in HEARTS of Steele Equine Facilitated Learning. We would like you to read over this information and complete the forms.

Application Process: Please fill out the enclosed forms for participation which must be fully completed and accepted by HEARTS of Steele EFL, LLC. The following forms are mandatory prior to participation:

- Participant Registration
- Signed Liability/Photo Liability Form
- Session Agreement Form

Each form must be signed by the appropriate party. Once all forms have been received, you will be contacted for the upcoming session or program.

Scheduling: Hearts of Steele EFL, LLC offers three 12 week sessions, per year with a one week break between Sessions. Sessions are 50 minutes in length based on the individual's needs and availability. We currently run sessions Thursday through Saturday.

Smoke Free Policy: The entire Stable (SRE) grounds (including the parking area) is designated as smoke free, due to the inherent danger of fire near barn and or other materials.

Attendance: Hearts of Steele EFL, LLC expects consistent attendance by all participants and depends on your consistency to provide services effectively. However, we understand that, at times, things can be out of one's control and you may not be able to attend a scheduled session.

If you are unable to attend a regularly scheduled session, notification must be made either by calling or texting 601.407.8653 at your earliest convenience.

Attire: Participants should dress weather appropriate and always wear long pants (even during Summer), with sturdy-soled boots or shoes with a ¼" heel. Jackets and gloves are required for cold

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weather, the arena is not heated. Do not wear fragrances - they attract bugs. Avoid jewelry that dangles or anything loose.

Arrival: Plan to arrive a few minutes early so that the participant can be fully ready to begin their session at the appointed time. Drive slowly and carefully on the gravel drive; speed limit on the gravel drive is 10 MPH. This helps to keep down the dust and avoid flying rocks to ensure safety for you as well as the students and horses.

Parking: There is parking designated by cones and beside the barn. Please be considerate when choosing a parking location and do not park in front of the barn doors.

Barn Rules: HOS Success team works together to stay organized and safe. To ensure this continues please keep the following in mind:

- Gates should be left the way they were found. If open, leave open, if closed leave closed.
- Horses are on a feeding program so check with a staff member before sharing treats
- Never hand feed the horses
- Alcohol is prohibited.

Payment: Lessons are \$80 per session for a 12 week session commitment and paid in a prearranged payment plan established through individual arrangement with our business office. **If paying weekly you will still have to pay for lessons that week, unless we cancel the lessons due to weather or unforeseen circumstances. If notice is less than 24 hours, a \$25 fee will be assessed on top of the \$80 session fee.**

Emergency Weather Cancellation Policy:

Hearts of Steele EFL, LLC reserves the right to cancel lessons based on the availability of instructors, volunteers, and/or horses. Further, any factor or situation considered by HOS staff to be a threat to the safety of students, volunteers, staff, or horses is reason for cancellation. Cancellations due to weather will be made if HOS staff determines that the following conditions exist one hour prior to class:

- Winds exceeding 25 MPH.
- Tornado warnings, severe thunderstorms, or hail storms.
- Steady, heavy rain. (Classes will not be cancelled in light rain.)
- Hazardous driving conditions.
- Temperatures above 95 degrees, Heat Index of 103 or wind chill/temperature below 40 degrees.
- Conditions, such as extreme muddiness, that would make it unsafe to hold classes
- A good rule to follow: if public schools are closed - we will be closed as well.

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Photo Release

Hearts of Steele EFL, LLC takes the privacy of our participants, their families, volunteers, visitors and staff seriously. At the same time we value the use of real images in the promotional and reporting activities which enable us to provide activities.

By engaging in activities at Hearts of Steele EFL, LLC, I understand that I/my child/my ward may be photographed, filmed or videotaped, and I hereby give Hearts of Steele EFL, LLC, the unqualified right to take pictures and/or recordings of me/my child/my ward and grant the perpetual right to use that likeness, video, image, photograph (collectively "image"), without compensation, for broadcast or exhibition in any medium and to put the finished images/recordings to any legitimate use without limitation or reservation. I hereby waive, release and forever discharge Hearts of Steele EFL, LLC from and against any and all claims or actions arising out of, or resulting from any use of your image. Hearts of Steele EFL, LLC shall not be obligated to use, and may elect not to use, any image.

I DO

I DO NOT consent to and authorize *Hearts of Steele EFL, LLC* to of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

State Law Signs are posted and clearly visible around the barn area.

LIABILITY RELEASE (REQUIRED): _____ (Name) would like to participate in the *Hearts of Steele EFL, LLC Programs on Strong River Equine property*. I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against *Hearts of Steele EFL, LLC/Strong River Equine, its Owners, Volunteers, and/or Employees* for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Program from whatever cause including but not limited to the negligence of these released parties. The undersigned acknowledges that he/she has read the Registration and Release Form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Signature: _____ **Date:** _____

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General Information

Parents Name (for scheduling and mailings): _____

Person Taking Lessons: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Gender: Male Female

Email: _____

Phone: _____

Address: _____ Phone: _____

City, State, Zip Code: _____ Email: _____

IN THE EVENT OF AN EMERGENCY:

Emergency Contact 1: _____ Relationship: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Email: _____

Emergency Contact 2: _____ Relationship: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Email: _____

Description of Services: HOS agrees to provide licensed facilitators and instructors, horses and supplies needed to design and implement 50 minute Equine Assisted Learning Sessions that will include one or more of the following:

_____ Life Skill Activities / Equine Assisted Learning

_____ Barn/Stable and Education Related Activities

_____ Groundwork --- Non Mounted Equine Activities

_____ Therapeutic Riding Activities or General Riding

Please check your days of preference for sessions and circle times

_____ Thursdays (lessons at 4:30 & 5:45) _____ Fridays (lessons at 4:30 & 5:45) _____ Saturdays
(9:00, 10:30 am)

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Invoicing/Billing:

Your information for billing will be kept on file. We reserve the right to collect on services and will only collect when the option of choice has been exhausted or noncompliance with program obligation has been exhibited.

Responsible Party _____

Name on card: _____

Card Number: _____

Expiration date: _____ CCV: _____ Billing Zip Code: _____

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I/We agree to 12 Sessions @ \$80 per session or \$960 for a 12-week session (payable in advance or agreed upon payment plan). I/We do understand that the quoted sum above for lessons is a current sum, however, may be changed at the Owner's discretion with 30 days of notice.

I/We understand and agree that I/We shall make payment for sessions either by Invoice, or by Credit Card with a 3.5%+ .30 cents administrative fee. If said payment is not made within 10 days, when method of choice is by invoice, action may be taken and your credit card on file will be charged the amount due at that time, which includes the right of Hearts of Steele EFL, LLC, hereinafter referred to as "HOS," to dismiss the participant from the session schedule and open the available slot to the next participant. All costs incurred collecting delinquent charges, attorney's fees, and court costs shall be the responsibility of the participant and all collected fees will be forfeited.

1. **I/We** shall pay for the sessions in one payment of \$864 (10% discount applied if paying in full)
2. **I/We** Shall pay for the sessions in two payments of \$480 (Your credit card on file will be charged the first week of the next two months unless other arrangements have been made)
3. **I/We** shall pay for the sessions weekly in the amount of \$80 for 12 weeks (Your credit card on file will be charged on Thursday for 10 weeks, unless other arrangements have been made in advance)
4. **I/We** understand and agree we are responsible for and will pay the current session fee of \$960, regardless of attendance. (_____) **Initial**
5. **I/We** understand and agree that if **I/We** miss **4 sessions**, the participant will be dismissed from the current session and open the available slot to the next participant. (_____) **Initial**
6. **I/We** understand and agree that if 24 hours notice is not given, the session fee of \$80 plus an administrative fee of \$25 will be invoiced and collected. (_____) **Initial**
7. **I/We** do understand and agree that I/We will not hold the property owners, representatives of HOS/SRE and/or employees of HOS/SRE; responsible for any disease, illness, injury or death to the horse(s), myself, my friends, relatives, or acquaintances, at HOS/SRE; incurred by water, electricity, snow, ice, hail, fire, building structure default, wind, act of carelessness, negligence, vandalism or misjudgment, or any other act of God. In addition, I have read and understand the Mississippi State Equine Law.
8. **I/We** understand that HOS/SRE shall not be liable for any injury to the participant(s).
9. **I/We** do hereby give permission to HOS owners and employees to call the above designated physician and/emergency contacts in the event of emergency or injury.

Signature: _____ Date: _____
