



RULES & REGULATIONS

ALTHOUGH FUN IS THE PRIMARY REASON TO ENJOY HORSEBACK, IT IS AGREED ON THE OTHER HAND, THAT SAFETY IS THE PRIMARY CONCERN. THEREFORE, BY MY SIGNATURE BELOW, I ACKNOWLEDGE THE LISTED RULES WILL BE ENFORCED WHILE PARTICIPATING IN ANY HORSE ACTIVITIES OF SILVER'S TRAILS LOCATED ON 7506 CR 404, SPICEWOOD, TX 78669.

1. ONLY SCHEDULED RIDER(S) WILL BE PERMITTED IN THE ARENA OR STALLS DURING A LESSON, INCLUDING TACKING, UNTACKING, GROOMING, OR FEEDING.
2. ALL RIDERS WILL BE REQUIRED TO WEAR A HELMET, BOOTS OR SHOES WITH HEELS, AND LONG PANTS. RIDING GLOVES ARE HIGHLY RECOMMENDED.
3. EACH PARENT WILL BE RESPONSIBLE FOR SUPERVISING THEIR CHILDREN WHEN THEY ARE NOT BEING INSTRUCTED IN A LESSON UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE, IN WHICH CASE, NON-RIDERS WILL SIT AT PICNIC TABLES, UNLESS OTHERWISE INSTRUCTED.
4. THERE WILL BE NO THROWING OF ROCKS, RUNNING, OR OTHERWISE INAPPROPRIATE BEHAVIOR NEAR THE HORSES AT ANY TIME.
5. ALL EQUIPMENT BORROWED (I.E. HELMETS, GLOVES, HOOF PICKS, ETC) WILL BE DONE SO IN GOOD FAITH AND WILL BE RETURNED TO THEIR PROPER PLACES IN ITS ORIGINAL CONDITION.
6. NO RIDER WILL BE PERMITTED TO FEED OR OTHERWISE HANDLE HORSES WITHOUT MY DIRECT SUPERVISION AND/OR INSTRUCTION.
7. THE LESSON WILL INVOLVE 30 MINUTES ARENA/TRIAL INSTRUCTION AND 30 MINUTES TACKING, UNTACKING, GROOMING AND FEEDING.
8. THE RATE WILL BE \$20 FOR THE FIRST RIDER AND \$15 FOR EACH ADDITIONAL RIDER IN THE SAME FAMILY.
9. A RELEASE OF LIABILITY FOR EACH RIDER WILL BE KEPT ON FILE.
10. AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION WILL BE KEPT ON FILE.
11. A PROGRESS REPORT WILL BE COMPLETED, UPON REQUEST, IN ORDER TO DETERMINE WHEN A RIDER QUALIFIES TO ADVANCE IN LEVELS.

(SIGNATURE OF PARTICIPANT OR PARENT OF MINOR PARTICIPANT) (DATE)

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Lynda Mescher to take my child to:

(Physician, clinic or hospital)

(Address & phone no. of physician, clinic or hospital)

I give my consent for any necessary emergency treatment when my child is in the care of the above listed physician, clinic, or hospital.

(Signature of parent or guardian)

(Date)

Phone Numbers:

Mother Day #: _____ Night#: _____ Cell#: _____

Father Day#: _____ Night#: _____ Cell#: _____

Other #: _____