

Todd Hill Farm



Grass Roots

Horsemanship Program

6570 Highway 2, Oakfield-Enfield, NS B2T 1C3

Office: 902-883-9577, Fax: 902-883-9547

Karen Cell: 902-440-6811, Email: lessons@toddhillfarm.com

www.ToddHillFarm.com

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GRASS ROOTS HORSEMANSHIP PROGRAM

Program Summary

The Grass Roots program will provide a solid foundation for children new to the sport of horseback riding. We put equal emphasis on horse care, grooming, handling, horsemanship and riding. All lessons will include some time in the barn learning about stable management and horse care as well as time in the saddle.

Todd Hill Farm instructors and assistants are experienced and knowledgeable and always put safety first.

Children participating in this program will be required to wear appropriate and safe attire, including a safety helmet specifically designed for riding (ie bike helmet would not be acceptable), boots with a small heel (rubber boots are fine), comfortable pants or breeches and gloves in cold weather.

All participants will receive a certificate of achievement and will participate in a Grass Roots Horse Show to show off what they have learned.

Program Dates: Every Saturday OR Sunday, 3:00pm – 5:00pm Fall Session: April 3 – May 30, 2021

Children may be dropped off after first session but must be picked up on time. No early drop-off or late pick-up permitted.

Ages: 8 – 12

Cost: \$400, no tax. Payment must be received in full one week prior to start date. Non-refundable deposit of \$100 required to hold spot.

Payment can be made by cash, cheque or e-transfer to:
lessons@toddhillfarm.com – no password required

Farm Rules:

- The “in” or “up” driveway is the one closest to the hwy ramps. The “out” or “down” driveway is the one closest to the barn. This way we can avoid collisions ☺ Please remember that horses can be spooked easily, so drive slowly!
- No smoking on property
- All dogs must be on leash (we have chickens!)
- No one other than THF students who have signed a waiver are permitted to handle or ride horses
- Extra lessons can be scheduled at a cost of \$42 + HST each.
- If lessons are re-scheduled due to inclement weather, we will post in our Facebook group. This is an open group and parents are encouraged to join to stay abreast of updates and announcements: www.facebook.com/groups/toddhillfarm
- If your child cannot attend one of the sessions, please notify someone (farm owner, lesson program manager or instructor) with 24 hours notice.
- If younger siblings accompany the student, they must be monitored by an adult at all times

Contact Info:

Email: lessons@toddhillfarm.com (not for e-transfers)

Website: www.toddhillfarm.com

Karen Gilligan: 902-440-6811



Grass Roots Student Information

Name: _____ D.O.B. _____

Name of Parent/Guardian: _____

Home Phone: _____ Cell: _____ Work/Other: _____

Email Address: _____

Mailing or Civic Address: _____

Health Card #: _____ Exp: _____

Riding Experience:

Other Comments:

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “For Participants Under 18 Years”

Participant's Name: _____ Date of Birth: _____

Participant's Address: _____ City: _____ Prov: ____ Postal: _____

Guardian's Name: _____ Date of Birth: _____

Guardian's Address: _____ City: _____ Prov: ____ Postal: _____

The Guardian must Read and Understand prior to the Infant Participating in Equine Activities

TO: **TODD HILL FARM** their directors, employees, officers, volunteers, business operators, and site property owners. (all of them collectively called the HOST) **Initial each item below After Reading and Understanding**

____ 1. **I am the Parent and/or Legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as parent and/or guardian and with **the intent that this form be binding in the myself and infant Participant for all legal purposes.**

____ 2. **I Understand** there are Inherent **DANGERS, HAZARDS** and **RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these “RISKS” are a common occurrence.

____ 3. **I Acknowledge** that the Inherent “**RISKS**” of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**

- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
- The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
- The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.

____ 4. **I Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss which might result from the infant being a Participant.

____ 5. **I Acknowledge** that it remains my **Sole Responsibility** for the safety of the infant Participant and for the infant to Participate within his/her own limits.

____ 6. **In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”) agree**

- **To Waive All Claims that I or the infant Participant might have against the “HOST”;** and
- **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I, the infant Participant or our “Legal Representatives” might suffer as a result of the infant's Participation due to any cause **including any NEGLIGENCE ON THE PART OF THE “HOST”;** and
- **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to the infant Participant or to any third party which might result from the infant's Participation.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our “Legal Representatives” might have against the “HOST”.

SIGNED This _____ day of _____ 20 _____

(Print Name of HOST Witness to signing & Initialing)

(Signature of Participant)

(Signature Host Witness)

(Signature of Parent/Guardian)