



LESSON PROGRAM STUDENT INFORMATION

Name _____ Date of Birth _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Height _____ Weight _____

In the past six months, the student has ridden: 0-2 times / 3-5 times / 6-8 times / 9+ times

Student has ridden: English / Western / I don't know

Student has: Walked / Trotted / Cantered / Jumped

Student has previously had riding lessons: Yes / No

If yes, when and where? _____

Please provide in the space below any special information The Ox Ridge Hunt Club, Inc. should know in order to provide, to the best of our ability, for a safe and enjoyable riding experience (for example: allergies, conditions that affect the student's response time or ability to follow instruction, physical/mental limitations, etc.).

Signature _____ Date _____

If Participant is under the age of 18 years of age, or is otherwise deemed to lack the capacity to execute this agreement, the signatory must be the Parent or Legal Guardian of such Participant.

Please be sure to complete and return this page to the office prior to your first lesson.

The Ox Ridge Hunt Club 512 Middlesex Road Darien, CT 06820 tel. 203-655-2559 www.oxridge.com



APPLICATION
FOR MEMBERSHIP IN THE OX RIDGE HUNT CLUB, INC.

____ Lesson Program ____ Seasonal ____ Junior ____ Associate ____ Active

Name of Applicant _____ Date _____

Home Address _____ City/State/Zip _____

Billing Address (if different from above) _____

Home Phone _____ E-mail _____

Spouse's Name _____

Parents' Names (of Junior Applicant) _____

Date of Birth _____

Children in Family and Ages _____

Current School (of Junior Applicant) _____

Business Affiliations of Applicant (or of Parents of Junior Applicant) _____

Club Affiliations of Applicant (or of Parents of Junior Applicant) _____

I have received and read the Club's Policies and agree to abide by them.

Applicant's Signature (Parent's Signature of Junior Applicant) _____

Signature of Proposer (for Active Membership) _____

Signature of Seconder (for Active Membership) _____

This application will not be accepted until the Waiver has been read and signed by the Applicant (Parent or Legal Guardian of Junior Applicant) and returned to the Office of Ox Ridge Hunt Club, Inc.

Application Approved _____ Date _____
(Signature of Chairman, Membership Committee)

The Ox Ridge Hunt Club 512 Middlesex Road Darien, CT 06820 tel. 203-655-2559 www.oxridge.com



EMERGENCY INFORMATION AND MEDICAL RELEASE

Name of Participant/Member _____ Date of Birth _____

Please complete a separate for each participant/member riding at ORHC. Copies are available in the Office.

Emergency Contact _____

Relationship _____ Phone _____

Second Emergency Contact _____

Relationship _____ Phone _____

Physician _____ Phone _____

Dentist _____ Phone _____

Allergies (including medications, bee stings, foods, etc.) _____

Please list any medications you (or participant) is currently taking _____

Medical Insurance Company _____

Policy Number _____ Phone _____

The undersigned authorizes appropriate medical care as deemed necessary by emergency personnel, a physician or the medical facility providing treatment.

As Parent or Legal Guardian of the above-named minor, I ask that every effort be made to contact me at the time of the accident or illness without detriment of postponing medical treatment.

I have read and understood this entire release form and agree to it.

Signature _____ Date _____

If Participant is under the age of 18 years of age, or is otherwise deemed to lack the capacity to execute this agreement, the signatory must be the Parent or Legal Guardian of such Participant.



PHOTOGRAPHY AND PRESS RELEASE INFORMATION

Name _____ Date of Birth _____

Please complete a separate for each participant/member riding at ORHC. Copies are available in the Office.

Address _____

City, State, and Zipcode _____

Phone _____ Email _____

Rider's School _____

Rider's Business _____

Horse's Name (show name and nickname) _____

Horse's sex/age/height/breed _____

The undersigned authorizes the use of photographs of themselves and/or their children to be used in any and all ORHC publications, publicity, and advertisements.

I have read and understood this entire release form and agree to it.

Signature _____ Date _____

If Participant is under the age of 18 years of age, or is otherwise deemed to lack the capacity to execute this agreement, the signatory must be the Parent or Legal Guardian of such Participant.



WAIVER

I understand and accept the inherent risks involved in equestrian events, horseback riding for pleasure, and in the presence of horses. Therefore, I/We freely and willingly agree to hold The Ox Ridge Hunt Club, Inc. and its officers, stewards, employees, and landowners harmless from any liability for bodily injury occurring to myself, members of my family or my guests, as a result of my membership in The Ox Ridge Hunt Club, Inc. The said hold harmless agreement shall extend to all activities engaged in by myself, members of my family and my guests, including but not limited to, horseback riding over trails and land owned by The Ox Ridge Hunt Club, Inc. and/or its landowners.

I/We hereby agree to release The Ox Ridge Hunt Club, Inc., its officers, stewards, and employees, from any liability for any personal property, including tack, which is lost, stolen or in any way damaged. Furthermore, I/We recognize the obligation to maintain adequate insurance to protect against the loss, theft, or damage to personal property kept on The Ox Ridge hunt Club, Inc. premises.

I/We understand that charges for lessons, programs, dues, initiation fees, capital improvements and facility fees are non-refundable.

Additionally, I/We agree to the following if we board a horse at The Ox Ridge Hunt Club, Inc. (heretofore, ORHC):

- 1.) ORHC agrees it will feed and keep horse(s) at its stables located at The Ox Ridge Hunt Club, Inc., Darien, Connecticut. ORHC will do so on a month-to-month basis. ORHC will use its best efforts to: [a] feed horse(s) seven (7) days each week; [b] provide groom service six (6) days each week (excluding Mondays and holidays); and [c] provide nightly security.
- 2.) Owner agrees that he will pay ORHC the fee for full board per month for each month the horse(s) is kept at ORHC. This payment will be made by the owner by the 15th day of each month. The monthly fee may be increased at the option of ORHC by giving the Owner at least thirty days written notice of such change.
- 3.) Owner agrees that its failure to pay all or part of any stable fee with in 30 days will subject horse to a lien in favor of ORHC. This lien is in accordance with Section 49-70 of the Connecticut General Statutes, as amended. The rights of ORHC as a lienholder are set forth in paragraphs 4 and 5 of this agreement.
- 4.) Owner agrees that if he fails to pay all or part of the stable fee in any month, then ORHC may, if so desires, detain the horse until the amount due is paid in full.
- 5.) Owner agrees that in the event that all or part of a monthly stable fee remains unpaid for more than thirty days, then at the option of ORHC, the horse will be sold at auction. In the event of such sale, ORHC will give Owner at least sixty days prior written notice. This notice will be sent to the address stated in this contract. If the Owner wishes to change the address to which such notice will be sent, he must notify ORHC in writing of this change. The proceeds from the sale of the horse at such an auction will be used to pay the stable fees owing to ORHC as well as any fees incurred in the auction by ORHC. The balance of the proceeds, if any, will be returned to Owner.
- 6.) Owner represents that he is the owner of the horse and that there presently exists no lien, attachment or other security interest with respect to the horse. In the event that such a lien, attachment or other security interest arises, Owner will immediately notify ORHC of this fact.
- 7.) Either Owner or ORHC may terminate this agreement by giving seven days written notice to the other. However, in the event that any stable fees remain unpaid at the time of termination, the provisions of paragraph 3, 4, and 5 will remain in full force and effect until ORHC has been paid in full.
- 8.) This agreement represents the entire understanding of Owner and ORHC. No other documents or oral agreement between the parties will have any force or effect.
- 9.) I/We have completely read and understood the foregoing and fully consent to the provisions contained therein and furthermore I/We agree to abide by them if accepted as a member of The Ox Ridge Hunt Club, Inc.

Name (please print) _____

Signature _____ Date _____

If Participant is under the age of 18 years of age, or is otherwise deemed to lack the capacity to execute this agreement, the signatory must be the Parent or Legal Guardian of such Participant.

Witnessed by (Member of The Ox Ridge Hunt Club, Inc.) _____

The Ox Ridge Hunt Club 512 Middlesex Road Darien, CT 06820 tel. 203-655-2559 www.oxridge.com