

# SWITCH WILLO STABLES LESSON CONTRACT

**Effective September 1, 2023**

Please complete & submit to SWS

## RIDER INFORMATION - PLEASE COMPLETE

RIDER NAME:		
DOB:	AGE:	PARENT/GUARDIAN:
BILLING NAME:		
EMAIL:		
ADDRESS:		
CITY:	STATE:	ZIP:
DAYTIME PHONE #		
EVENING PHONE #		
DRIVER'S LICENSE #		

## SWITCH WILLO CONTACTS

### OWNERS:

Glenn and Phoebe Johnson 512-695-5269

### TRAINERS AND INSTRUCTORS:

Kirk Berlin (512) 695-5445

Lindsey Mortimer (512) 944-3320

Michelle Simmons (512) 636-6199

Beverly Manroe (512) 924-8562

Leah Caskey (512) 983-3447

Natalie Pape (512) 363-7322

Kylie Wiggins (512) 923-6117

Carol Szerszen (512) 586-1789

# SWS LESSON CONTRACT

## LESSON PRICING:

Lesson Type	Description	Lesson Price	Non-Refundable Deposit
<i>Beginner Mini Limited Group</i>	<i>3 students 2 instructors</i>	<i>\$550</i>	<i>\$550</i>
<i>Limited Group</i>	<i>3-4 students 1-2 instructors</i>	<i>\$550</i>	<i>\$550</i>
<i>Modified Group</i>	<i>4-5 students</i>	<i>\$500</i>	<i>\$500</i>
<i>Novice Group</i>	<i>4-5 students</i>	<i>\$500</i>	<i>\$500</i>
<i>Intermediate Group</i>	<i>4-5 students</i>	<i>\$500</i>	<i>\$500</i>
<i>Advanced Intermediate Group</i>	<i>5-7 students</i>	<i>\$495</i>	<i>\$495</i>
<i>Advanced Group</i>	<i>4-7 students</i>	<i>\$495</i>	<i>\$495</i>
<i>Semi-Private</i>	<i>2 students</i>	<i>\$600</i>	<i>\$600</i>
<i>Private</i>	<i>1 student</i>	<i>\$675</i>	<i>\$675</i>
<i>One Time Private</i>	<i>Single lesson</i>	<i>\$175</i>	<i>\$175</i>

All lesson types will be charged at a monthly flat rate, rather than a per lesson rate. Your signature gives approval for Switch Willo Stables (SWS) to run your CC for any balance that goes unpaid after the 30th of the month in which it is due plus a \$25 late fee and 3.4% credit card processing fee.

Please indicate how you intend to pay each month:

Check \_\_\_ Credit Card(monthly) \_\_\_ Cash \_\_\_

We require a credit card on file, even if you plan to pay with cash or check.

<b>CREDIT CARD NUMBER:</b>		
<b>EXPIRATION DATE:</b>	<b>CVV#</b>	
<b>NAME ON CARD:</b>		
<b>BILLING ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>AUTHORIZED SIGNATURE:</b>		

## TERMS OF CONTRACT

- Contract, first month's payment, and final month's deposit are required to start lessons. Please include Driver's License Number on all checks.
- Lesson fees are due the first lesson of every month. If payment is not RECEIVED by the 15th of the month, a \$25 late fee will be automatically added to your account sheet. In that event, please check your balance on your sheet before submitting payment. If payment of the fee is not submitted with your next check, the charge will be run on your credit card with a 3.4% processing fee.
- To discontinue lessons, 30 days written notice, dated no later from the first of the month, must be submitted to the Lesson Director, after which point you will be able to ride off your deposit. If you wish to ride off your deposit, you must contact the lesson director 30 days prior to riding of the deposit.

*Please initial here to indicate that you have read and agree to the Lesson Make-Up Policy and Leave of Absence Policy: \_\_\_\_\_*

### LESSON MAKE-UP AND LEAVE OF ABSENCE POLICY

As the calendar falls, each Switch Willo Riding Academy student receives 4 additional lessons per year. Every client pays for 48 lessons yearly but receives 52 lessons. Therefore, these additional 4 lessons will be considered your makeup lessons. It is still of the utmost importance that you let us know of any absences with 48 hours' notice. For late call absences, a minimum of 2 hours' notice is required for the instructors to plan, and to prepare the horse accordingly. Any cancellation with less than 2 hours will result in a charge of \$50 to the client.

### IN CASE OF INCLEMENT WEATHER, BARN LESSONS WILL BE HELD

We put the same emphasis on barn lessons as we do on riding. There is so much knowledge that goes into this sport and barn lessons are a great opportunity to learn more about the horse and rider.

### • NO REFUNDS:

- Missed lessons will not be deducted from the regular monthly riding fees, nor refunded. Your deposit will be applied to your final month of lessons and is not refunded.
- Credits will not be applied to the following month.
- Makeup lessons cannot be taken after termination of the lesson program or during a leave of absence.

### • LEAVE OF ABSENCE:

- If you must take a leave of absence, a **30-day written notice** submitted prior to the month of requested leave is required.
- For an unpaid leave of absence, we are unable to hold your lesson spot and cannot guarantee that you will have a slot when you return.
- Without a 30-day written notice of a leave of absence, your deposit will be applied to that month. To guarantee your lessons slot, you must pay for the month of leave.

**TERMINATION OF LESSON SERVICES:**

- Switch Willo Stables reserves the right to terminate lesson services to any rider at any time and for any reason. If Switch Willo Stables terminates lesson services, Switch Willo Stables will refund the balance of any remaining deposit within 14 days. The balance of the deposit will be returned via first class mail to the last known address of the depositor. It is the responsibility of the depositor to notify Switch Willo Stables of any change of address.

**• PARENT / GUARDIAN AND RIDER RESPONSIBILITY:**

- It is the responsibility of the rider and his/her parent or guardian to review the Switch Willo Stables Rules, Lesson Policy, Make-Up and Bad Weather Policies prior to signing their lesson contract.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



SWITCH  
WILLO  
STABLES

## LESSON SIGN UP

### LESSON TYPE & TIME TO BE FILLED OUT BY SWS STAFF

Type of Lesson	Day	Time	Instructor	Start Date

### FIRST PAYMENT INFORMATION TO BE FILLED OUT BY SWS STAFF

Date	Check #	Deposit Due	Tuition Due	Total

### HEALTH AND EMERGENCY INFORMATION - PLEASE COMPLETE

<b>Medication:</b>	<b>Allergies:</b>
<b>Contact Name:</b>	<b>Relationship:</b>
<b>Daytime Phone:</b>	<b>Alternate Phone:</b>
<b>Doctor's Name:</b>	<b>Doctor's Phone:</b>
<b>Medical Insurance:</b>	<b>Insurance #</b>
<b>Signature:</b>	<b>Date:</b>

Please advise us of any allergies and current medications needs for the student listed in this contract. **Emergency medical care authorization:** By signing below I authorize SWS to obtain medical treatment for me or for my child. I will pay for all medical expenses due.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### LIABILITY RELEASE

The undersigned has read and understands the contract terms. Undersigned assumes responsibility and risk for injury or death to self or to minor child; holds harmless instructors and SWS for any injury or death to riders and spectators; assumes total responsibility for any and all payments for medical treatment; holds harmless SWS for lost, stolen, or destroyed property. **UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICES AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF ALL EQUINE ACTIVITIES.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_