



Cedar Knoll Farm is located in Glen Allen, near Western Henrico. The farm has a lighted riding arena, stables and an ample area for leisure riding.

The horses and ponies used in the riding school and summer camp have been carefully selected and trained to take riders from beginner through advanced levels of horsemanship and equitation. In addition to equitation, stable management and horse safety are an integral part of each student's total riding experience.

### **LESSON PROGRAM AND POLICIES**

Cedar Knoll Farm-West End Riding Academy has a comprehensive twelve month riding lesson program for adults and children of all ages and riding levels. Each lesson starts with a half hour of general horsemanship (grooming, tacking-up, stable management, vet care, etc.) and is followed by a full hour of riding. Classes are limited to six students in a class and are grouped according to age and ability is possible.

#### **Lesson Rates – register by phone (804)749-3725**

- \$35.00**      **Single Lesson Rate**-when paying by the lesson. Please pay the instructor at the beginning of each class. To reserve the same class time each week, a student paying by the lesson must attend or pay for at least one lesson per week.
- \$125.00**      **Monthly Lesson Rate**- one lesson per week (4 or 5 lessons per month). Please pay instructor at the beginning of the calendar month. No carryovers to the next month.
- \$345.00**      **Ticket Book**-Eleven (11) lessons-may be shared by family members. Expires 12 weeks from 1<sup>st</sup> lesson or 6 weeks if shared by two, or when taking twice a week, etc.  
*[Toddler lessons by special arrangements!]*

### **PAYMENT POLICY**

*All lessons are prepaid. Please pay instructor in the ring at the beginning of each lesson. We prefer payments to be made by check (made out to Cedar Knoll Farm) or by ticket (with name and date on it). If you must pay by cash, please enclose the correct amount in a sealed envelope with the student's name and date on the front. **No Refunds**. Returned check fee is **\$35.00**.*

#### **Make-Up Policy**

No lessons, whether canceled by CKF or by the student will be made-up during your regular lesson time.

**Lessons Canceled by CKF** If CKF cancel a class due to weather, special events or extenuating circumstances, every effort will be made to reschedule that class. For students who have prepaid monthly or by ticket book, a credit will be issued and can be redeemed during a different class time.

**Lessons Canceled by a Student** Students must notify CKF **by 7:30 am before a morning class** or by **2:30 pm on the day of an afternoon or evening class** if credit toward a make-up class is to be issued. If you do not show up for a scheduled lesson you will forfeit your lesson fee.



# Cedar Knoll Farm

## RELEASE AND WAIVER OF LIABILITY

I am aware that horseback riding and other equine activities are athletic events, which pose potentially serious risks of injuries or death to their participants. I understand that my horse(s) or I may be injured or die as a result of my negligence, the negligence of others, or through no fault of myself or anyone else, because of the nature of the activity in which I am going to be engaged. I also understand that horses, even the most well trained, are often unpredictable and are often difficult to control.

With this waiver I accept notice of the provisions of the Equine Activity Liability Act, §§ 3.1-796.130 through 3.1-796.133 of the Code of Virginia, 1950, as amended, which state in part: "(i) the propensity of an equine to behave in dangerous ways which may result in injury to the participant; (ii) the inability to predict an equine's reaction to sound, movements, objects, persons or animals; and (iii) the hazards of surface or subsurface conditions." This waiver shall remain valid unless expressly revoked by the participant, or parent or guardian of a minor, in writing, with receipt acknowledged by Jamison T. Bowes of Cedar Knoll Farm.

Furthermore, with this waiver, I expressly assume the risk of injury or death due to negligence by the Cedar Knoll Farm, its agents, employees, members and staff, for my own safety or for the safety of my minor child.

With the knowledge of the foregoing, and as an inducement for Cedar Knoll Farm to allow me to ride on their property, I hereby agree to waive or release any and all rights that I or my heirs may have to make a claim against Cedar Knoll Farm, their employees and participants, arising from any damages, injury, or death which I might sustain or which might occur to any horse I am riding as a result of my horseback riding. I further agree to indemnify and hold harmless all of the foregoing from any claims which I might make or which might be made on my behalf by others or which might be made against me by others, arising from riding on their property. Furthermore, I agree to indemnify Cedar Knoll Farm, its agents, employees, members and staff, landowners, their families, employees or tenants, for any injury, death, loss or damage to any personal property which might occur during an equine activity as defined by § 3.1-796.130 of the Code of Virginia, 1950, as amended.

BY SIGNING THIS WAIVER AND RELEASE, I UNDERSTAND THAT I AM GIVING UP, (WAIVING AND RELEASING) ANY RIGHT I MIGHT HAVE TO SUE OR MAKE A CLAIM WHICH I MIGHT HAVE OR WHICH MIGHT SUBSEQUENTLY ARISE OR OCCUR AGAINST CEDAR KNOLL FARM, ITS EMPLOYEES AND AGENTS, FOR ANY INJURIES I MIGHT SUSTAIN WHILE HORSEBACK RIDING OR PARTICIPATING IN ANY EQUINE ACTIVITY, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS, CEDAR KNOLL FARM AND ITS EMPLOYEES AND AGENTS, FOR INJURING ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE SO ENGAGED. IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND PROVIDE THE HOLD HARMLESS AGREEMENT, AND I DO SO KNOWINGLY AND VOLUNTARILY.

Print name of Student: \_\_\_\_\_

Signature (Parent or guardian if under 18): \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

**CEDAR KNOLL FARM**

15549 Stone Horse Creek Road  
Glen Allen, Virginia 23059  
(804) 749-3725

Rider's Name(s) \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone (804) \_\_\_\_\_ Work Phone (804) \_\_\_\_\_ Cell Phone (804) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Hospital Preference: Preference \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of person(s) to call if you cannot be reached \_\_\_\_\_

(H)ome, (W)ork and/or (C)ell Phones (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**EMERGENCY CARE RELEASE**

*Please sign for your child so we may authorize prompt emergency care in your absence.*

Robin Z. Traylor, Jamison T. Bowes or the staff of Cedar Knoll Farm has my permission to authorize emergency medical treatment for (or my child) \_\_\_\_\_ in the event of accident or medical emergency. (print name of student)

\_\_\_\_\_  
Signature of Parent or Guardian