



## Three Wishes Travelling Natural Horsemanship Lesson/Training Agreement

This agreement made and entered this \_\_\_\_ day of \_\_\_\_\_, year 201\_\_, by and between I (The Client/Parent/Guardian) \_\_\_\_\_ and **Three Wishes Traveling Natural Horsemanship**, its owner **Lindsey Scofield**, Contractor \_\_\_\_\_ (herein referred to as **Trainer**).

1. Fees- The client agrees to pay **Three Wishes** a sum of \_\_\_\_\_ per month equaling one lesson/training session per week for a calendar month. The fee is to be paid in full and in advance each month *unless expressly agreed upon otherwise*. Three Wishes billing cycle begins on the clients last lesson in the month, fees will be collected for the next calendar month prior to beginning the next months lesson/training sessions.

2. Scheduling & Cancellation- Lesson/Training sessions are scheduled by the month, in advance. The Trainer and client will agree on a specific day in a week and a set time that works for both parties, which will remain the same every week unless discussed and changed prior to the scheduled lesson (See section 8 for Holidays). If the client must cancel their lesson, **the client is required to provide their Trainer with at least a 24-hour notice**. If no notice is given, you will be charged the full lesson fee (No Show/ No Call).

3. Makeup Lessons- Should the client cancel or as a result of inclement weather the clients session is canceled, the price of the lesson will be deducted from the next months fee. The client may carry a maximum of two (2) makeup/cancelled lessons over to the next month **ONLY**.

4. Clients Acknowledgment of Contractor (To be completed if Trainer is anyone other than Lindsey Scofield)- I understand that my **Trainer** \_\_\_\_\_ is an  
(Trainers Name)  
*independent contractor* of Three Wishes Traveling Natural Horsemanship and **cannot accept payment** for services on behalf of Three Wishes or its owner Lindsey Scofield. Furthermore, I understand that **under no circumstances** *is a payment to be made out to anyone other than* **Three Wishes** or **Lindsey Scofield** while participating in the Three Wishes Training Program \_\_\_\_\_ (initials).

5. Gratuity/Tips- Clients are welcome to provide a gratuity/tip to their trainers for their hard work and great service.

6. Accepted Method of Payment- All checks or money orders will be *Paid to the Order of* **Three Wishes** or **Lindsey Scofield**. Payments can be made by credit or debit card through Three Wishes Traveling Natural Horsemanship's online PayPal service by visiting: [www.healthwithhorsehelp.com/make-a-payment.html](http://www.healthwithhorsehelp.com/make-a-payment.html).

\_\_\_\_\_  
Your Initial



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7. No Refunds or Credits- I acknowledge and understand, by signing this document that once I provide payment to Three Wishes Traveling Natural Horsemanship or its owner no refund or credit will be provided.

8. Holidays- Three Wishes Traveling Natural Horsemanship and its trainers observe the following holidays - New Years Eve, New Years Day, Valentines Day, St. Patrick's Day, Easter, Mother's Day, Father's Day, 4<sup>th</sup> of July, Labor day, Thanksgiving, Christmas Eve, and Christmas Day. \* You will not be permitted a makeup and will not receive a discount for the lesson missed, each person will have a day that falls on a holiday. Your trainers schedule is rigorous and strict, they will not have the time to make up one days worth of lessons without affecting their other clients. Sorry, but you will also have months where you receive five lessons in the month instead of four so it evens out.

9. Protective Headgear Warning- I for myself and on behalf of my child and/or legal ward have been fully warned and advised by the TRAINER that protective headgear/helmet, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be worn while riding and/or driving, training, and/or being near horses, and I understand that the wearing of such headgear/helmet at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. I am not relying on the TRAINER and/or his associates to provide a certified helmet for me or to check any headgear/helmet or headgear/helmet strap that I may wear, or to monitor my compliance with this suggestion at any time now or in the future.

10. Warning- UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE 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 EQUINE ACTIVITIES.

11. Guarantee- Three wishes will guarantee to get your horse to the level that you desire or specify, but we cannot guarantee how long it will take. We work at the pace that your horse learns, which can change with their attitude, from day to day

Amendment /Concessions-

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\_\_\_\_\_  
Your Initial



**Three Wishes Travelling Natural Horsemanship**  
**Lesson/Training Agreement**

**CLIENT INFORMATION:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_

Medical concerns/conditions: \_\_\_\_\_

Please circle: I      Will      Will not      be using a helmet during sessions

**EMERGENCY CONTACT:**

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_

\*Medical Care & Expenses- In the event of injury or death to person or animal, the client agrees that any member of Three Wishes Traveling Natural Horsemanship may direct that emergency medical or veterinary care be provided, including examination, treatment, and transportation. The client assumes the risk of said consequence and the expense thereof.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

The Client is to sign this contract and it will be binding by both parties, subject to the above terms and conditions.

**FOR INSTRUCTORS USE ONLY:**

Trainers Signature: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Your Initial