

CLIENT INFORMATION:

NAME:				
BIRTHDAY:				
PHONE #:				
EMAIL ADDRESS:				
MAILING ADDRESS:				
PARENT/GUARDIAN NAME	:			
EMERGENCY CONTACT #: _				
WHAT IS THE BEST WAY TO CONTACT YOU? (circle one)				
PHONE CALL	TEXT	EMAIL	ANY	
CANCELLATION POLICY: We ask that you give 24 hour notice if you need to change				
or cancel your lesson. We are h	appy to ma	ake changes if needed, but if	we do not	
hear from you in sufficient time, y	you will for	rfeit your lesson. CANCELLA	TIONS AND	
RESCHEDULED LESSONS MU	JST BE SCH	IEDULED WITH ONE OF THI	E HEAD	
TRAINERS, SARAH KLIFA OR KRI	ISTI CLARI	KSON. NO EXCEPTIONS WIL	L BE MADE.	
Our business hours are	Tuesday	through Sunday 9am to 6p	om.	
WE ARE CLOSED ON MONDAYS.				

I agree to the 24 hour cancellation policy:



PHOTO CONSENT & RELEASE

During your time with us at Pacific Star Riding Club, we often have many great photo opportunities to capture some of the special moments between our horses and riders. We would like your permission to photograph and to use any photos and videos taken of you or your child during these times. We promote our riding club using color brochures, social media, our website and other types of promotional materials in print and online. Please sign below giving us consent to share these images on various social media platforms including but not limited to Instagram, Facebook and our website.

Name of Rider:	
Yes, I'll smile for the camera! I give control to photograph myself or my child. Feel free your website, social media, printed mater with full knowledge and consent and wait use, or for dan	ee to put my picture anywhere on ials or other advertising. I do this we all claims for compensation for
No thanks. I'm camera shy! Please do my child anywhere. I do not authorize Paci for my child for a	fic Star Riding Club to photograph
Rider Signature:	Date:
Parent/Guardian Signature	Date