

***BACK BY POPULAR DEMAND!  
“PRESCHOOL PONY MADNESS”  
A PONY LEARNING EXPERIENCE DESIGNED  
ESPECIALLY FOR PRESCHOOLERS!!!***

- ***OFFERED EXCLUSIVELY AT GREEN ACRES EQUESTRIAN CENTER, LLC!!!***

*Pony Madness is a year round introduction to ponies program, designed especially for your preschooler (ages 3 thru 5 years), who begs to ride a pony, but is too young for formal riding lessons.*

*This program will include 2 ½ hours of fun pony related activities like:*

- 1) Learning safety around a pony*
- 2) Learning to groom a pony (with pretty pink and green curries and brushes!)*
- 3) Learning to saddle your pony*
- 4) Taking pony rides in an enclosed arena*
- 5) Learning to braid pony manes and tails with pretty pink or blue satin ribbons!*
- 6) Polishing your pretty pony's nails (really polishing hooves with hoof oil!)*
- 7) Decorating horse shoes with rainbow sparkle glitter glue & other arts & crafts*
- 8) Learning to measure and feed your pony's grain*
- 9) Learning to break away a flake of hay*
- 10) Learning to fill your pony's water bucket*

*And much, much more!!! LIMITED TO 4 to 6 children per group*

### ***Fall Session***

***Mondays & Wednesdays, September 12th - October 26th, 2011, from 2:30 - 5:00***

### ***Spring Session***

***Mondays & Wednesdays, March 5th - May 23rd, 2012 (excluding April 2-4), from 2:30 - 5:00***

### ***Summer Weekly Sessions***

***June 5th thru July 26<sup>th</sup>, 2012, on Tuesdays & Thursdays, 2:30 - 5:00***

***Cost: Only \$85 per week***

*Enroll for 1 or multiple weeks for \$85 per week  
OR enroll for any 7 weeks for the discounted price of \$495.  
(Each week will be different, and will improve riding skills)*

*Please visit [www.greenacresonline.com](http://www.greenacresonline.com) for downloadable registration and release forms*

# **REGISTRATION FOR PRESCHOOL PONY MADNESS!**

*Name of Child:* \_\_\_\_\_

*Age of Child:* \_\_\_\_\_

*Parent(s) Names:* \_\_\_\_\_

*Home phone:* \_\_\_\_\_

*Cell phones:* \_\_\_\_\_

*Work phones:* \_\_\_\_\_

**Please indicate which session(s) you are registering for:**

## **Fall 2011:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> September 12 & 14 | <input type="checkbox"/> October 3 & 5   | <input type="checkbox"/> October 24 & 26 |
| <input type="checkbox"/> September 19 & 21 | <input type="checkbox"/> October 10 & 12 |  |
| <input type="checkbox"/> September 26 & 28 | <input type="checkbox"/> October 17 & 19 |  |

## **Spring 2012:**

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> March 5 & 7   | <input type="checkbox"/> April 9 & 11     | <input type="checkbox"/> May 7 & 9   |
| <input type="checkbox"/> March 12 & 14 | <input type="checkbox"/> April 16 & 18    | <input type="checkbox"/> May 14 & 16 |
| <input type="checkbox"/> March 19 & 21 | <input type="checkbox"/> April 23 & 25    | <input type="checkbox"/> May 21 & 23 |
| <input type="checkbox"/> March 26 & 28 | <input type="checkbox"/> April 30 & May 2 |                                      |

## **Summer 2012:**

- |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> June 5 & 7   | <input type="checkbox"/> June 26 & 28 | <input type="checkbox"/> July 17 & 19 |
| <input type="checkbox"/> June 12 & 14 | <input type="checkbox"/> July 3 & 5   | <input type="checkbox"/> July 24 & 26 |
| <input type="checkbox"/> June 19 & 21 | <input type="checkbox"/> July 10 & 12 |                                       |

**RELEASES and PERMISSION:**

\_\_\_\_\_ ATTACHED RIDER'S RELEASE IS SIGNED

\_\_\_\_\_ I HEREBY GRANT PERMISSION FOR MY CHILD'S PHOTO TO BE USED IN PROMOTIONAL BROCHURES OR ADS, WITH NO NAME OR ADDRESS USED

\_\_\_\_\_ I HAVE ENCLOSED FULL PAYMENT IN CASH, CHECK, CASHIER'S CHECK, OR MONEY ORDER

\_\_\_\_\_ I AM MAILING THE COMPLETED REGISTRATION FORM ALONG WITH FULL PAYMENT TO:

GREEN ACRES EQUESTRIAN CENTER, LLC

P.O. BOX 72876

MARIETTA, GA. 30007

OR :

\_\_\_\_\_ I WILL DROP IT IN THE PAYMENT BOX AT GREEN ACRES, LOCATED AT 345 BLUEBIRD ACRES ROAD, WOODSTOCK, GA. 30188

\_\_\_\_\_ I UNDERSTAND I SHOULD SEND A SNACK AND DRINK FOR MY CHILD EACH DAY

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



**GREEN ACRES EQUESTRIAN CENTER, L.L.C.,  
Surrounding Landowners, Trainers/Instructors, and Equine Professionals**

The Undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider and spectator.

In consideration, therefore, of the privilege of boarding horse, riding, trail riding across property and/or being around horses, the Undersigned does hereby agree to hold harmless and indemnify the above named parties and further releases them from any liability or responsibility for accident, damage, injury or illness to the Undersigned or to any horse owned by the Undersigned or any invitee of the Undersigned. The Undersigned further agrees to avoid and maintain a safe distance from any construction activity, building, house, personal property and equipment on property and personally warrants full responsibility and accountability for due diligence in safe management and control of horse related activities.

**CHAPTER 12 of TITLE 4 of the GEORGIA ANNOTATED**

**UNDER GEORGIA LAW, AN EQUINE ACTIVITY SPONSOR OR 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, PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTED.**

- 1) I have read and fully understand Chapter 12 of Title 4 of Georgia law.
- 2) I hold no person or persons responsible for an accident or injury resulting from a horse activity in and around this facility.

Rider: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

To Whom It May Concern:, In the event of injury to Rider and/or Rider's invitee, Center, its agents or employees have permission to administer First Aid, transport to a medical facility and sign for medical treatment.

Rider: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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