

WELCOME TO TARA JONES  
PIECEFUL SOLUTIONS *Muscle Modification program*



Tara looks forward to teaching the muscle modification lunging system. This program has been designed for the handler, or trainer looking for a more diversified level of education. Not only is this program geared toward the benefit of teaching new training techniques and exercises, but also toward teaching the handler how to identify specific parts and anatomy of the horse, but to also build the horse's muscle structure.

*Solve the puzzling aspects of riding,  
Become a partner your horse will trust and enjoy!*

Tara Jones Pieceful Solutions Riding & Training  
(804) 263-3029 tarajones7@yahoo.com

- ✓ The Muscle Modification Program is \$\_\_\_\_\_. This does not include study materials, cavessons, lunge lines, or whips.
- ✓ Rider is also responsible for their own lodging, meals and travel expenses.
- ✓ Products can be purchased from Pieceful Solutions, and may need to be pre ordered.
- ✓ Any other educational material such as books, or DVDs are an additional charge.
- ✓ A non-refundable deposit of \$150.00 is due with the return of completed contract. The full amount of the program may be paid up front, or the balance must be paid **NO** later than two weeks prior to the clinic date.

- ✓ Your program horse must be safe to handle in the company of other horses. Do not bring a stallion!
- ✓ You must have health papers showing a negative Coggins test. Proof of immunizations or copies of health papers are also required. Please send *copies only* to our office. Keep your original paperwork! If clinic is held out of state, then participants must follow the regulations of the host barn.
- ✓ The signed contract, program deposit/fee, emergency form and the liability release are due back in our office immediately. Please send all horse related papers closer to the program start date. Please send paperwork and deposit to:

Tara Jones, 71 S. Allentown Road, Telford, PA 18969 **CHECKS/MONEY ORDERS SHOULD BE MADE PAYABLE TO: PIECEFUL SOLUTIONS**

- ✓ It is understood that due to the nature of horse training and handling in general, accidents can occur. You are advised to wear a protective helmet for your own safety. Protective boots are a suggestion for your horse.
- ✓ Upon signing this agreement contract, you agree to release Tara Jones, her staff and family, as well as the program facility, Talley Ho Farm, its owners, staff and family, from all responsibility regarding injury to yourself or to your horse, loss or theft, or damages to any items you may have brought with you.

Please write: "I have read and understand this agreement contract in full and agree to all terms herein. I understand this is a group riding program and I can safely ride my horse around other horses."

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\_\_\_\_\_ Date

\_\_\_\_\_ Rider's Signature

PIECEFUL SOLUTIONS MUSCLE MODIFICATION  
REGISTRATION AND DEPOSIT

Program Location and Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Deposit Enclosed: \$ \_\_\_\_\_

Check or Money Order #: \_\_\_\_\_

**AN AGREEMENT AND RELEASE FROM LIABILITY CONTRACT**  
**PLEASE READ THIS DOCUMENT CAREFULLY**

This AGREEMENT AND RELEASE FROM LIABILITY is entered into on this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_, by and between **Tara Jones, Pieceful Solutions & Talley Ho Farm** (OWNERS) and \_\_\_\_\_ (RIDER). In exchange for use of property, facilities, and services of **Tara Jones, Pieceful Solutions & Talley Ho Farm**, (the Owners), the Rider, his/her heirs, assigns and legal representatives, herby expressly agree to the following:

Please note if you are participating in a clinic out of state. Facility name\_\_\_\_\_.

1. I agree that horseback riding and all equine activities are inherently dangerous activities AND that these activities will expose me to above normal risks of bodily injury and/or death.
2. I agree that I am responsible for my own safety while engaging in any and all equine activities on the Owners' property and/or the adjoining property of others, which have given me permission to ride.
3. I agree to acknowledge all of Owners' rules and regulations pertaining to any and all equine activities occurring on Owners' property and I agree to and am responsible for wearing protective gear appropriate for equine activities to ensure Rider's safety while engaging in such activities.
4. I understand the risks involved in equine activities and **I AGREE TO ASSUME ANY AND ALL RISKS INVOLVED IN RIDER'S USE OF OR PRESENCE UPON OWNERS' PROPERTY AND FACILITIES** while engaging in any equine activity without limitation and including the risks of death, bodily injury, property damage, falls, kicks, bites, unavailability of emergency medical care, and/or the ordinary negligence and/or deliberate act of another person.
5. I agree that the Owners, Owners' stable, its agents, and employees are NOT liable for any injury to or the death of Rider and/or a participant in equine activities resulting from the inherent risks of equine activities.
6. I agree to hold Owners, Owners' stable, its agents, and employees completely harmless and not liable and release them from all liability whatsoever, including acts of ordinary negligence, associated with any equine activity during Rider's use of or presence upon Owners' property or the adjoining property of others for which permission to ride has been granted.
7. I agree to hold the owner of any and all adjoining property for which permission to ride has been granted completely harmless and not liable and release them from all liability whatsoever, including acts of ordinary negligence, associated with any equine activity during Rider's use of or presence upon the owner's property.
8. **I AGREE NOT TO SUE** Owners, Owners' stable, its agents and/or employees in association with **ANY** claims, damages, costs, or expenses arising out of Rider's use of or presence upon Owners' property and facilities while engaging in any and all equine activities including those based on death, bodily injury, and property damage, unless the damages are caused by the direct, willful and wanton gross negligence of the Owners.
9. Rider is responsible for complete and full insurance coverage on himself/herself, personal property, and Rider's horse.
10. Rider and Rider's parent or guardian, (if Rider is a minor) agree that this agreement and release of liability is a contract that when signed by the parties involved will be legally binding to all parties, subject to the above terms and conditions and shall be enforced and interpreted under the laws of the state of **Pennsylvania**.

**\*\*\*\* I have read and understand without question, this agreement and release of liability contract before having signed below.**

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Tara Jones for herself & Pieceful Solutions                      Rider's Signature                      Date

X \_\_\_\_\_ X \_\_\_\_\_  
Owner's Signature for Talley Ho Farm

# EMERGENCY INFORMATION

Date Signed: \_\_\_\_\_  
Clinic Date: \_\_\_\_\_ Clinic Location: \_\_\_\_\_  
Your Name: \_\_\_\_\_  
Your Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Phone #: \_\_\_\_\_  
Your Age: \_\_\_\_\_

Please list any health problems in the last two years:

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Please list any medication that you are presently taking:

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Please list person/persons to notify in case of an emergency. Include name/names, addresses and all phone numbers and cell phone numbers for both day and night: **Please Print Clearly!**

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Please list the surgeries that you have had, if in fact it pertains to your back, neck, arms and legs:

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Do you feel that any of your health problems or prior surgeries inhibits you from participating in this clinic safely?

YES \_\_\_\_\_ NO \_\_\_\_\_

If your answer is YES, you will need a doctor's release to participate in this hands-on training clinic:

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

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