

FARRIER U

By Emmet Stevens Horseshoeing
“Where farriery and horsemanship become one“

TO: Farrier Course Student Applicant

RE: APPLICATION PACKET

COURSE TYPE: 4 week course / 2 week course

COURSE START DATE(S): to be determined

Dear Student Applicant,

We would like to take this opportunity to thank you for your interest in our farrier school! We look forward to your time with us as it will be a most educational AND enjoyable stay throughout your course session ☺

Please submit completed forms to our office with your deposit for your registration process:

1. Farrier U – Application (2 pages)
2. Emergency / Insurance Information Sheet
3. Rules to Follow
4. Photo / Video Release Form (optional)

These forms will be kept on file for our records. This information will not be given out to anyone, whatsoever. The “**Emergency Info Sheet**” is in the event we would need to contact a family member and/or friend should an emergency occur.

We are looking forward to having you attend our farrier school and are sure that you will have a wonderful time learning your new trade. If you have any questions regarding these forms or any other topics, please do not hesitate to contact us. Thanks again!!

Sincerely and God bless,

Stephanie A. Stevens
Admissions and Registration

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FARRIER SCHOOL – APPLICATION

PLEASE COMPLETE FORM AND RETURN TO OUR OFFICE.

Date _____, 20_____

Name _____

Address _____

City & State _____ Zip _____

Phone _____ Cell _____

Email Address _____

Date of Birth _____ Age _____ (must be 18 years of age while attending school)

Height _____ Weight _____ Gender _____

Drivers License No. _____ Marital Status: _____ Single _____ Married

Spouse's name (if any) _____ Phone _____

NOTE: *In order for your schooling process to be more effective when taking our courses, we insist our students have a good sense of horsemanship. Your physical ability ALSO plays a very important role on learning this trade. When you are working with these unpredictably large animals on a daily basis, we need for you to feel comfortable around horses.*

OCCUPATIONAL INFORMATION:

Current employer: _____ Phone _____

Contact name of employer: _____

Current occupation/position: _____

EQUINE EXPERIENCE:

Horseshoeing experience? _____

Please describe _____

Other horse experience and how long _____

Reason for taking this course _____

How did you hear about us? _____

REFERRAL INFO: If referred, please provide contact information of the person whom referred you.

Referred by: _____

Phone: _____

COURSE TYPE: (Please mark course) _____ 4 – Week Course \$ 5,500.00 (tool package included)
_____ 2 – Week Course \$ 3,500.00 (tool package NOT included)

1st request start date: _____

2nd request start date: _____

I UNDERSTAND AND AGREE TO THE FOLLOWING:

- a. A \$250.00 deposit must be submitted with my completed application in order to reserve my course.
- b. The remaining balance of my tuition is due on the first day of my course start date and is non-refundable.
- c. If my tuition balance due is not paid in full upon check in, I must reschedule my course start date.
- d. If my application is not accepted, I will be contacted immediately and my entire deposit will be refunded.
- e. Should I choose to withdraw and not attend prior to my course start date, a \$250.00 application fee will be charged by the school

I, _____, will assume any and all responsibility and liability for any injury to my person and personal property. I will hold harmless, FARRIER U, Emmet Stevens Horseshoeing, and any party associated or connected with, from any and all liability. I understand the website, FARRIER U by Emmet Stevens Horseshoeing at www.EmmetStevensHorseshoeing.com, is part of this application agreement and by signing this application, I agree to all terms and policies as contained therein.

Applicant Signature

Date

DEPOSIT/PAYMENT INFORMATION:

Please find my enclosed cashier’s check/money order # _____ for my deposit made payable to **EMMET STEVENS HORSESHOEING**, in the amount of \$ _____

CREDIT CARD INFORMATION: _____ Visa _____ MasterCard **Credit card checks are NOT accepted.**

NOTE - Tuition Balance must be in the form of a Cashier’s Check, Money Order or Credit Card. Credit cards must be processed prior to the student beginning his/her first day of their course. Most credit card/debit card banking institutions require contact from the cardholder to approve transactions over a certain amount.

Card Number _____
Name on card _____
3-Digit Code _____

Expiration date _____
Billing Zip Code _____

Please send completed application and deposit to: **EMMET STEVENS HORSESHOEING**
18502 HAMILTON ROAD
DADE CITY, FLORIDA 33523-6947

NOTE: Once your completed application has been accepted, along with your deposit, we will mail your “Acceptance Letter” along with your initial “Study Guide” packet for review prior to attending via USPS.

OFFICE USE ONLY

School start date: _____

Date received: _____

Initials: _____

EMERGENCY / INSURANCE INFORMATION SHEET

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Mobile: _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT: (Please list a minimum of 2 contacts)

1. _____
Name _____ Phone _____
Address: _____

2. _____
Name _____ Phone _____
Address: _____

3. _____
Name _____ Phone _____
Address: _____

INSURANCE INFORMATION:

I am covered with medical/health insurance through:

Company: _____

Policy No. _____ Phone: _____

WAIVER: INJURY / PERSONAL DAMAGE

I hereby release FARRIER U, Emmet Stevens Horseshoeing and those acting pursuant to its authority from any and all liability, claims and demands from any injury and/or damages to my likeness and/or my personal property. I will not hold Farrier U, Emmet Stevens Horseshoeing nor those acting pursuant to its authority responsible for any and all incidents/accidents.

By signing, I hereby fully understand, agree and accept these terms.

Signature

Date

FARRIER U

by Emmet Stevens Horseshoeing

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18502 Hamilton Road
Dade City, FL 33523-6947
Office (352) 518-9324
Email: MyFarrierU@aol.com

RULES TO FOLLOW

Please read and sign below in acceptance to the rules listed below:

1. No shorts, capri pants or skirts are to be worn during class session. This is for your own safety. We highly recommend denim jeans or good work pants.
2. No open-toed shoes are to be worn during class sessions.
3. No alcoholic beverages are to be consumed during class hours nor allowed on school premises before, during and after school hours.
4. Smoking is prohibited in bunkhouse accommodations, ALL barn areas on and off school premises and in vehicles while commuting during class sessions.
5. If occupying the bunkhouse, please keep your traveling on and off school premises to respectful hours.
Driver's License: _____
Vehicle Description: _____
Year / Make / Model / Color
6. When visiting other barns during class sessions, please follow their barn rules.
7. No pets allowed.

By signing, I hereby acknowledge, understand and agree to any and all rules to help make my stay a safe and enjoyable one:

Signature

Date

Printed Name

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PHOTO / VIDEO RELEASE FORM

I hereby authorize FARRIER U, EMMET STEVENS HORSESHOEING and those acting pursuant to its authority a nonexclusive grant to:

- a) Record my likeness and voice on video, audio, photographic, digital, electronic, online format or on any and all other media.
- b) Use my name in connection with these recordings.
- c) Use, reproduce, publish, exhibit, edit, modify or distribute, in whole or in part, these recordings in all media without compensation, or ownership thereto, for any purpose that FARRIER U and those acting pursuant to its authority deem appropriate, including promotional or advertising efforts. These recordings may appear in a variety of formats and media now available to FARRIER U and those acting pursuant to its authority, and that may be available in the future.

I hereby release FARRIER U and those acting pursuant to its authority from liability, claims and demands for any violation of any personal or proprietary right I may have in connection with such use, including any and all claims from libel, defamation or invasion of privacy. I understand that all such recordings, in whatever medium, shall remain the property of FARRIER U. I have read and fully understand the terms of this release.

Name Age – must be 18 years of age

Address

City State Zip

Phone Email

Signature Date