



Lyons Legacy-

"building relationships beyond just horse training"

Josh Lyons LLC.
8606 Guthrie Court
Cross Plains, TN 37049
Coordinator: (970) 309-8838
Office: (615) 379-1056
www.LyonsLegacy.com

2015 Certification Application

Josh Lyons LLC • 8606 Guthrie Court • Cross Plains, TN. 37049
www.LyonsLegacy.com • (C): 970-309-8838 • (O): 615-379-1056

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- ☐ Letter about why you would like to be chosen for this program
- ☐ Resume listing your past horse experience
- ☐ 3 Character References

Please email or mail each **FULLY** completed page

Programs Coordinator:

Michele Lenard

970-309-8838

(for questions about the program or to sign up)

Office:

615-379-1056

(to pay your program balance or billing inquiries)

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APPLICANT INFORMATION

Name:	
Address:	
City:	State: Zip:
Country:	
Cell Phone:	Email:
Date of Birth:	Sex:

Dates	Course	Attending	Price	Total	Notes
Session I: Mar. 30 - Apr. 10 Session II: Apr.27 - May 8	SPRING Certification Program	<input type="checkbox"/>	\$20,000		
Session I: Sep. 7 - 18 Session II: Oct. 5-16	FALL Certification Program	<input type="checkbox"/>	\$20,000		
Lyons Legacy Horse Rental?	Check One <input type="checkbox"/> YES <input type="checkbox"/> NO		\$300		Per week.
Stall Fees	During 2 week break period	<input type="checkbox"/>	\$300		If you plan to stay at the facility during off time (price for 2 horses/2 weeks)
		<input type="checkbox"/>			

Credit Card Fee, if applicable		U.S. Credit Cards: 3% of Total. Canada 5% of Total.
TOTAL Due:		
Deposit Included		

PAYMENT METHOD:	
Check #	
Visa	Master Card Discover (circle one)
Cardholder Name:	
Card#:	
Exp. Date:	CVV Code:
Signature:	

Dedication to the program is very important!

Please make sure you are ready to fully
commit your time, effort and finances to this
exclusive equine program.

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SCHEDULED CHARGES

Payable to Josh Lyons LLC.: Total Tuition: \$20,000

Deposit \$3,000.00

Non-Refundable Deposit is to be paid with this application and signed contract
(If student is accepted into the program, the deposit is applied to the total tuition)

First payment \$8,500

Due: 1 week prior to 1st session

Second payment \$8,500

Due: 1 week prior to 2nd session

This payment schedule covers tuition, stall fees, Certification buckle and Josh Lyons set of 5 DVD's Teaching series.

Required Equipment: (discounted for students)

John or Josh Lyons Bridle Set or something comparable (must contain: headstall with a full cheek snaffle bit and one continuous rein)

Our bridles may be purchased at a discounted rate for \$122

Recommended Books and Education Material: Non-Refundable (discounted for students)

John Lyons Ground Control and Riding Manual- \$240

Josh Lyons Teaching Series 5 DVD set- \$128

All products that are offered by John or Josh Lyons are very beneficial for anyone applying to the program. The more familiar you are with the Lyons method and material the faster you progress through the program.

**We accept personal checks, money order,
cashiers check, bank wire transfer, and cash.**

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POLICIES

Horse & Rider: Student must bring the same 2 horses throughout the duration of the program. Two broke horses or one broke and one unbroken. The broke horse must be able to walk, trot, and lope safely in a group. Please no stallions.

Personal Photos / Videos: Photos are meant to be for your personal use only, not for commercial purposes or public viewing. You are not authorized to publish or display photos taken of Josh & Jana Lyons, staff, family, or anyone else at the Lyons Legacy Training Facility without written permission from Josh Lyons LLC. and the person or people in the photo. Josh Lyons encourages students to write down lessons, use videos as necessary but remember this information for you and not for public viewing.

Other: No dogs permitted. No stallions unless permitted by Josh Lyons himself. Applicants must be 18 years old or be with a guardian or have special permissions from Josh Lyons himself.

Payment Policy: Completed and signed application with \$3,000 non-refundable deposit ensures participants reservation in the program. Remaining payments are due one week prior to the start of each session.

Cancellation Policy: Josh Lyons LLC. reserves the right to cancel a program due to unforeseen circumstances in this case you are entitled to a full refund or transfer. If Josh is unable to teach a clinic due to extenuating circumstances, he may elect a Lyons Trainer to teach the program on his behalf, no refunds or discounts will be given.

Refund Policy: Non-refundable deposit to reserve your spot in the program. If you pay for the program in full and are unable to attend the program we will refund your money minus the non-refundable deposit.

Transfer Policy: If you pay the non-refundable deposit of \$3,000 and are unable to attend the program, you have one calendar year to transfer to another scheduled certification program as long as there is a spot available. After that a \$500 fee will be assessed.

Spectators: Auditors are authorized to attend for a daily fee. They must bring their own seating to the clinic.

Shavings/Hay: Josh Lyons LLC. provides you with 3 bags of shavings in your stall upon arrival. You will be responsible for purchasing any additional shavings and hay needed during your stay from the local feed stores, delivery is available. We do not have shavings or hay available for purchase at the facility. Please clean or strip your stall upon departure.

Lyons Legacy Horse Rental: Josh Lyons LLC has a limited number of horses available for an additional cost of \$300 per week. Participants who lease one of our horses are expected to care for their leased horse during the program. However Josh Lyons LLC. will provide the feed, veterinary, and farrier care for all of our leased horses. Those participants who choose to lease a horse will be required to bring their own saddle and pad. Josh Lyons LLC recommends you ship your saddle prior to the clinic so it is here upon your arrival. Please contact us to make necessary arrangements if leasing a horse for a clinic.

By signing here I acknowledge and agree to the above policies.

Signature: _____ Date: _____

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CONTRACT SIGNATURE PAGE

- ☐ I understand that John and Josh Lyons Certification Program is a unique, exclusive, educational equine program and to be accepted requires a huge commitment on my part. I agree to uphold all policies of the Certification Program.
- ☐ I understand that Josh Lyons will be the instructor for all four weeks.
- ☐ I understand a required non-refundable deposit of \$3,000 is to be included with the signed contract. Submitting the deposit does not mean that I have been selected for the program. If I am not selected, my deposit of \$3,000 will be returned. If I am selected, I understand that my deposit of \$3,000 immediately becomes non-refundable and will be applied to total tuition due.
- ☐ By signing below I agree to pay Lyons Josh Lyons LLC. the total stated tuition and fees. In the event that any training is requested and agreed to occur at a location other than Lyons Legacy's facilities, I will in addition to tuition fees pay to Josh Lyons LLC. all expenses incurred by Josh Lyons LLC for travel and accommodation. Payment of all monies due shall be a condition of continuing enrollment. Upon completion of skill requirements and when all financial obligations to the school have been met the school will award the John & Josh Lyons Certification Certificate to the student.
- ☐ I understand that two broke horses or one broke horse and one unbroke horse (but NOT two unbroke) are required for the Certification Program and that the broke horses must be able to ride safely on trails and walk, trot and canter. I understand that I cannot bring a stallion.
- ☐ I understand that "DEDICATION" is very important and if selected as a participant I will be committed to the completion of the Certification Program.
- ☐ I understand that spectators will not be allowed. I also agree that I will not bring along any children or pets, nor will I have any alcohol or drugs on the premises.
- ☐ I understand that due to the nature of horse training and handling in general, accidents can occur. I am advised to wear a protective helmet for my own safety and to put protective boots on my horses.
- ☐ I understand that Josh Lyons has the ability to choose whom he puts on the John and Josh Lyons websites, and whom he recommends from our office.
- ☐ Upon signing this agreement contract, I agree to release John Lyons & Josh Lyons, his staff and family from all responsibility regarding injury to you or to your horse, loss or theft, or damages to any items you may have brought with you.
- ☐ I agree that Josh Lyons LLC. has the right to remove me, without any obligation or refund any tuition or other payments made by me, for the certification program and terminate this contract if, in the sole opinion of Josh Lyons LLC., I pose a risk of harm of any sort either to myself or others.
- ☐ I understand I can be asked to leave the certification program at any time for any reason including but not limited to failure to follow instructions, disrupting the class or other behavior that is detrimental to the learning process. This includes activities or behavior both during and after class time. Disrespectfulness is not tolerated. This includes being disrespectful to instructor or instructors, the instructors family and staff, other students, and animals. I will

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receive no refund of class days attended, less any outstanding fees, bills or expenses. In the event that I choose this program is not suited for me, or if I am asked to leave the program by Josh Lyons, I understand I will not receive a refund for the money paid for class days I have attended. If I leave the program before the 4 weeks is complete I will not receive any recognition with the program.

- ☐ Josh Lyons LLC. reserves the right to cancel any scheduled classes without notice, and in the event that Josh Lyons LLC. cannot reschedule any cancelled classes within the same calendar year any unused deposit or prepaid tuition fees will be refunded.
- ☐ If Josh Lyons is unable to teach a program due to extenuating circumstances, he may elect a Lyons Trainer to teach the program on his behalf. No refunds or discounts will be given. I can also choose not to continue my education; in that case no monies would be refunded for class time attended. If advanced payments had been made for tuition I will be entitled to reimbursement of those payments.
- ☐ In the event that I am unable to complete the Certification Program for any reason for the year enrolled I have the option (with approval from Josh Lyons LLC. to complete unattended sessions the following scheduled certification year. My tuition for attended class and deposit is non-refundable.
- ☐ I agree that upon completion of the certification program Josh Lyons LLC. will determine whether I have sufficiently understood and mastered the topics and skills covered to obtain a graduation certificate. If I fail to achieve the graduation certificate, I may request written reasons from Josh Lyons LLC.
- ☐ I agree Robertson County, TN has venue for any legal action that may be instated under this agreement. I further agree to submit any dispute under this agreement to binding arbitration to be conducted in Robertson County, TN. in accordance with the rules of the American Arbitration Association.
- ☐ This enrollment agreement consists of this and the 18 other pages contained in this package, all of which together form the enrollment agreement. This agreement cannot be changed or modified unless agreed to by both parties in writing. I agree that no warranties or other representations have been made other than is contained in this agreement.
- ☐ Upon signing this contract I do hereby release, acquit, and forever discharge Josh & Jana Lyons, and their agents, servants, successors, heirs, executors, administrators, and all other persons, firms, corporations, associations, or partnerships of any liability concerning the John and Josh Lyons Certification Program.

John & Josh Lyons have the right to refuse service to anyone at anytime
Please write, "I have read and understand this agreement contract in full."

Signature: _____ Date: _____

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REQUIREMENTS & CHECKLIST

- ☐ I understand that this program is physically demanding. I am healthy and able to participate.
- ☐ I understand I am responsible for the health, care, feeding, and cleaning stalls of my horse during my stay.
- ☐ I understand that my stalls have new shavings upon my arrival. If I need additional shavings I can purchase them at the local feed stores. Shavings and hay are not for sale at the training facility.
- ☐ My horse is not a stallion (if so, you must have special permission from Josh Lyons himself)
- ☐ I agree to bring with me a copy of my horses' negative coggins upon check-in.
- ☐ I agree to bring with me a copy of my horses' health certificate upon check-in.
- ☐ I understand I need to arrive by 5:00pm the day before the program begins.
- ☐ It is understood that due to the nature of horse training and handling in general, accidents can occur. I am advised to wear a protective helmet for my own safety and to put protective boots on my horse.
- ☐ I agree to pay my balance one-week prior to the start of the program.
- ☐ I agree to leave the Training Facility by 7:00pm each night.

Signature: _____

Date: _____

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EMERGENCY INFORMATION

Date Signed: _____

City: _____

Clinic Date: _____

State: _____ Zip: _____

Clinic Location: _____

Day Phone #: _____

Your Name: _____

Your Age: _____

Your Physical Address: _____

Email: _____

Please list any health problems in the last two years:

Please list any medication that you are presently taking:

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!**

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

Do you feel any of your health problems or prior surgeries, inhibits you from participating in this clinic safely? (check one) **YES** _____ **NO** ____ If your answer is YES, we require a doctor's release to participate in this hands-on training clinic.

Please write below:

**"I have read and understand this emergency information form in full
and realize that this is a group riding clinic and I CAN safely ride my horse."**

Signature: _____

Date: _____

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HORSE CRITERIA & DISCLOSURE

Signature of Student: _____ Date: _____

Participants are required to take the same two horses throughout the entire four weeks. The horses can be two broke horses or one broke horse and one unbroke horse (NOT two unbroke). The broke horses must be able to be ridden on a trail ride safely and able to walk, trot and canter, not necessarily pick up both leads, but that would be ideal. Age is not important, but they both need to be in good health and sound. Do not bring a baby or too young horse. Do not bring a Stallion.

Please disclose the personality of your horses and the following important information:

NAME OF HORSE #1

Age of horse #1

Breed of horse #1

Sex of horse #1

NAME OF HORSE #2

Age of horse #2

Breed of horse #2

Sex of horse #2

Personality of my horses: (Please use the back of this paper if you need more room.)

Horse #1: _____

Horse #2: _____

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RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE FORM FOR INDIVIDUALS (TENNESSEE)

This form must be completed by and for each participant

STABLE NAME _____ **hereinafter known as "THE STABLE"**
LOCATION OR ADDRESS _____

PLEASE READ CAREFULLY BEFORE SIGNING
SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.
THIS STABLE DOES NOT GUARANTEE YOUR SAFETY.

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE In consideration of the payment of a fee and the signing of this agreement, I, the following listed individual, and the parent or legal guardians thereof if a minor, do hereby voluntary request and agree to participate in riding instruction as a student at THIS STABLE, and that this student will either ride his/her own horse, or school horses provided by THIS STABLE for instructional purpose, today and on all future dates:

Rider Name	Age (If under 21)	Weight Over 240#'s	Horse Riding Experience (Check one which applies)
1.		_____ YES _____ NO	____ Beginner (under 10 hours) ____ Over 10 Hours

Does this rider have any disabilities and/or special needs, which may effect his/her safety and ability to ride a horse, of which we should be aware?

YES NO (Circle One) if "yes", how can we help this rider with his/her special needs?

B. AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS This agreement shall be legally binding upon me the registered student, and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. any disputes by the rider shall be litigated in, and venue shall be in the county in which THIS STABLE is physically located. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horses, ponies, mules, or donkeys, whether from the ground or mounted. the terms "STUDENT and/or RIDER" shall herein refer to a person the parents or legal guardians thereof if a minor.

C. ACTIVITY RISK CLASSIFICATION I UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities and approximately 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.

D. NATURE OF THIS STABLE'S SCHOOL HORSES I UNDERSTAND THAT: THIS STABLE chooses its school horses for their calm dispositions and sound basic training as is required for use for STUDENT RIDERS, and THIS STABLE follows a rigid safety program. Yet, no riding horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Changing directions or speed at will; shifting its weight; bucking; Kicking; Biting; or Running from danger.

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PAGE 2 - RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE FORM FOR INDIVIDUALS (Cont.)

E. RIDER RESPONSIBILITY: I UNDERSTAND THAT: Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider's safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal. I agree that the rider shall be responsible for his/her own safety including that of an unborn child, if the rider is pregnant. Pregnant women should ride horses only under the advice of their physician. THIS STABLE advises pregnant women not to ride horses.

F. CONDITIONS OF NATURE AND INSPECTION OF PREMISES: I UNDERSTAND THAT: THIS STABLE is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. **SOME EXAMPLES ARE:** Thunder, lighting, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. the rider and parent or legal guardian have inspected THIS STABLE'S facilities and are satisfied that all premise conditions are reasonably safe for rider's intended purpose, usage and presence upon THIS STABLE'S PREMISES.

G. SADDLE GIRTHS/NATURAL LOOSENING I UNDERSTAND THAT: Saddle, girths (saddle fasteners around horse's belly) may loosed during a ride. If a rider notices this he/she must alert the riding instructor as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

H. ACCIDENT/MEDIAL INSURANCE I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses. My accident/medical insurance company is _____ and my policy number is _____.

I. PROTECTIVE HEADGEAR WARNING I AGREE THAT: I for myself and on behalf of my child and/or legal ward been fully warned and advised by THIS STABLE that protective headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be purchased and worn while riding and being near horses and I do understand that the wearing of such headgear 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.

J. LIABILITY RELEASE I AGREE THAT: In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the RIDER, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge THIS STABLE, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and insurers, and others acting on its behalf (hereinafter, collectively referred to as "Associates"), or and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS STABLE'S and/or ITS ASSOCIATES ordinary negligence; and I do further agree that except in the event of THIS STABLE'S gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against THIS STABLE and ITS ASSOCIATES as stated above in this clause for any economic and non-economic losses due to bodily, injury, death, property damage, sustained by me and/or my minor child or legal relation to the premises and operations or THIS STABLE, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of THIS STABLE, whether on or off the premises of THIS STABLE.

This Voluntary Waiver Agreement is made and entered into in the State of Tennessee and shall be enforced and interpreted under the courts and laws of the State of Tennessee.

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PAGE 3 - RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE FORM FOR INDIVIDUALS (Cont.)

"WARNING"

"Under Tennessee law, 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, pursuant to Tennessee Code Annotated, title 44, chapter 20.

**All Riders and Parents or Legal Guardians must
sign below after reading this entire document:**

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK.
I/WE FURTHER ATTEST THAT ALL THE FACTS RELATING TO THE APPLICANTS PHYSICAL CONDITION, EXPERIENCE & AGE ARE TRUE AND ACCURATE.

_____ Date _____

SIGNATURE OF RIDER (Spouses must sign for themselves.)

_____ for _____

_____ Date _____

SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #1 NAME (Please Print)

_____ for _____

_____ Date _____

SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #2 NAME (Please Print)

Address in full: _____

Home Phone#: _____

Bus. Phone #: _____

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MEDIA RELEASE

I grant permission to Josh Lyons LLC. and its subordinates, to use my name, videos, and/or photographs for use in Josh Lyons LLC. publications and productions, such as, but not limited to recruiting brochures, newsletters, and magazines, and to use my name, videos, and or photographs on display boards, and to use my name videos, and/or photographs in electronic versions of the same publications or on the Josh Lyons LLC. website or other electronic forms or media.

I hereby waive any right to inspect or approve the finished photographs, videos or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph or videos.

I hereby agree to release, defend, and hold harmless Josh Lyons LLC. and subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

Please check the paragraph below which is applicable to your present situation:

____ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

____ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Name (please print): _____

Address: _____

(City, State/Province, Zip/Postal Code): _____

Signature:

Signature of parent or legal guardian (if under 20 years of age):

Please return the completed form to:
Josh Lyons LLC.
8606 Guthrie Court • Cross Plains, TN. 37049
(615) 379-1056

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BELT BUCKLES

Please return the completed form to:

Josh Lyons LLC.
8606 Guthrie Court
Cross Plains, TN. 37049
615-379-1056

Graduation Lyons Legacy Belt Buckles

Please write your name as you want it to appear on your buckle:

Year of Graduation: _____

Please return this as soon as possible so we can order your buckle for graduation. If we do not receive this in time for the ordering process it will have to be mailed to your address.

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GENERAL INFORMATION

CHECK-IN

- Please check in by 5:00pm the day before the program begins.
- Please provide a copy of your current Coggins and Health Certificate to our staff. Please do not give originals.
- Our check-in crew will guide you to your stall and trailer parking.

BASIC SCHEDULE

- Start Time: 9:00 am
Please meet in the classroom in the barn for discussion and instruction from Josh.
- Lunch 12:00-1:30 pm Lunch Break
(microwave and refrigerator available for students)
- 4:00 pm End of the day
During your program there will be times of watching demonstrations by Josh Lyons, groundwork, and riding work.

- **Office Hours: 9:00am-4:00pm Monday-Thursday;** Education & Training Products can be purchased during these hours.
- Facility Hours: 7:00am -7:00pm daily (this allows the horses to rest)
- This program is limited 3-6 students.
- Program will start @ 9:00 am -4:00 pm with a 1 ½ hour lunch. (Riders will need to be flexible with the schedule it will depend on riders and their horses.)
- Making sure your horse is fit will be important as these days will be physically challenging.
- Participants will be responsible for the care and feeding of their horse.
- Early arrival is permitted the day before the program begins. Please arrive between 9:00am – 5:00pm. If you arrival earlier than the day before or stay longer than the day after stall fees are \$20 per day.
- You must have current health papers showing current immunizations and or a current veterinarian's health certificate and a negative Coggins test. Please have a copy for our office - keep your original paper work.
- Please be courteous, this facility is also our home. We would appreciate it if everyone would please stay at the training facility only.

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FACILITY ADDRESS AND DIRECTIONS

Lyons Legacy Training Facility:

8606 Guthrie Court • Cross Plains, TN. 37049

Interstate I-65

Exit at Cross Plains Exit 112 and turn east on Hwy 25 E Exit 112

Turn Left US-31 W SR 41 Highway 31 W

Turn Left onto Guthrie Court (not to be confused with Guthrie Road go passed Guthrie Road)

Go to the end of the road and the entrance is the last place on right

Take the 8606 Facility Entrance to the Lyons Legacy Training Facility

Important Numbers:

Office: 615-379-1056

Events Coordinator: 970-309-8838

Jana Lyons: 970-260-4170

2015 Certification Application

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www.LyonsLegacy.com • (C): 970-309-8838 • (O): 615-379-1056

ACCOMMODATIONS & ARRANGEMENTS

Local Rooms for Rent

Kathy Durham – 615-319-3663
Jamie Crecelius – 615-406-7186

Hotel

Holiday Inn Express (8 miles S)
206 Knight Circle White House, TN
615-672-7200 **Offer a discount for Students**

Comfort Inn (8 miles S)
340 Hester Dr. White House, TN.
615-72-8850

Days Inn White House (8 miles S)
1009 Highway 76 White House, TN.
37188
615-672-3746

Comfort Suites (6 miles NW)
9239 E Old Highway 52 Orlinda, TN.
615-325-8887

RV Parks

Owl's Roost Campground (11 miles S)
7267 Bethel Rd. Goodlettsville, TN
615-643-1900

Nashville Country RV Park (16 miles S)
1200 Louisville Hwy. Goodlettsville, TN

Feed Stores

Rubinsville Farmers Feed Mill
Corner of Hwy 31W and Hwy 52
(615) 325-3651

Tractor Supply Co
1075 South Main Street
Franklin, KY 42134
(270) 586-4333

Veterinarian

Snodgrass Veterinary Medical
6000 Scottsville Rd.
Bowling Green, KY. 42104
(270) 781-5041
www.snodgrassvetmed.com

Farrier

Dan Gibson
615-210-3600

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SUGGESTIONS



Items to Bring With You:

- Chair for observing
- Notebook for taking notes
- List of questions you may have for Josh
- A SMILE & GOOD ATTITUDE
- Camera and/or video device



For your Horse:

- Hay and/or grain
- Shavings
- Manure bucket & manure fork
- Small water hose
- Water buckets
- Grain buckets or tubs



Recommended Equipment:

- Protective boots for your horse
- Bridle with full cheek snaffle bit
- Saddle
- Saddle Pads
- Lariat
- Dressage whip
- Helmet, *if wearing one*
- Grooming Equipment
- Any liniments you may need to relax your horses muscles (shampoos are great)