

Whip-O-Will Stables Summer Horse Program Registration Form

Welcome! We are so excited to have your child join us for a week of fun and learning! Below is a list of rules and requirements intended to make your experience with us a safe and enjoyable one. Please acknowledge that you have read and agreed with these requirements by initialing and signing as indicated.

Student Name:

Age:

Name of parent or guardian(s):

Address:

Phone number:

E-mail:

Special needs/Allergies/Medications

(please indicate dosing amount/frequency if to be given during program hours)

Additional individuals authorized for drop off/pick up:

Name:

Relation:

Name:

Relation:

Cancellation Policy:

Scheduled sessions cannot be cancelled. Unused scheduled sessions are not refundable and cannot be made up. In the case of cancellation due to inclement weather no refunds will be issued.

Rescheduling may be offered at instructor's discretion in individual cases

Payment

Checks and cash are no longer accepted as of January 1, 2018. Cancelled or bounced payments will result in Student's slot being forfeited. All payments are made via PaySimple.

Whip-O-Will Stables Expectations. Students are expected to:

- Treat the instructor, other students, horses, and barn property respectfully
- An ASTM/SEI approved horseback riding helmet must be worn while mounted regardless of age or ability.
- Bring required items:

- All students are required to wear long pants and boots with a proper 1" heel. An extra outfit is strongly recommended and please ensure that student has appropriate gear for the expected weather (warm clothing, gloves, etc)
- An adequate lunch/snacks/drinks for the day. Please refrain from sending common allergens (nuts, etc).

Media Consent.

Parent and/or Student hereby consents to and authorizes Whip-O-Will Stables to capture and use video/audio recordings and photographic images of Student and Student's performances and quoted statements in print, electronic, or online media, for educational and promotional purposes only, without any compensation to Parent or Student.

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to chapter 128, section 2d of the general laws.

The undersigned assumes the unavoidable risks inherent to all equine activities, including, but not limited to, bodily injury and physical harm to horses, riders, and spectators. Therefore, in consideration for the privilege of riding and/or working around horses at Whip-O-Will Stables, the undersigned does hereby agree to hold stable harmless and further release them from any liability or responsibility for accident, damage, injury, or illness to the undersigned, any horse owned by the undersigned, or any spectator accompanying the undersigned on the premises.

I fully understand that Whip-O-Will Stables staff are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the staff to render temporary first aid to myself/my child in the event of any injury or illness, and if deemed necessary by the staff, to call a doctor and seek medical help, including transportation to any health care facility or hospital, or the calling of an ambulance.

Emergency Contact Information:

1. Name: Relationship: Phone:

2. Name: Relationship: Phone:

Additional information you would want Emergency Medical Personnel to know:

THE UNDERSIGNED HAS READ THIS LESSON POLICY AND AGREEMENT, AND FULLY UNDERSTANDS AND AGREES WITH ITS TERMS, CONDITIONS, AND PROVISIONS.

STUDENT (or Parent/Guardian):

Whip-O-Will Stables representative

Signature

Signature

Date: _____

Date: _____