

Waiver and Indemnification

Spring 2017 Riding Lesson Registration Form

Rider's Name: _____

Name of Parent: _____

Name of Student: _____

Address: _____

Email: _____

Telephone: _____

Emergency Telephone: _____

Age: _____ Date of Birth: ____/____/____

Height: _____ Weight: _____

Rider is competent: Walking ___ Trotting ___ Cantering ___ Jumping ___

Horses you like riding at Hybid Farm: _____

Spring 2017 Seven Week Session starts May 1st – June 16th
The tuition for the Fall session: \$375.00

**Lessons: Mon. - Friday: 1:00; 2:00; 3:00; 4:00; 5:00

1st choice: Day _____ Time: _____

2nd choice: Day _____ Time: _____

3rd choice: Day _____ Time: _____

We never cancel lessons and there are no refunds for missed classes.

No registrations accepted without tuition check, registration & waiver form. Thank you!

In consideration of the permission granted to me by Rita-Marie McConnon and Thomas Bostwick McConnon to be on their premises known as Hybid Farm, Inc. I hereby irrevocably waive any and all claims and release any and all causes of action against the owners, their employees, agents, guests, invitees, boarders and their respective heirs, successors and assigns, whether now existing or hereby arising, which may occur, directly or indirectly, as a result of, relating to or arising out of my presence on Hybid Farm, Inc. whether by reason of negligent acts, or otherwise, and hereby save and hold harmless all these same persons against any and all losses, costs, damages or expenses, including reasonable attorney's fees, resulting from, relating to or arising out of, directly or indirectly, my presence on Hybid Farm, Inc.

WARNING

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 risks of equine activities, pursuant to section 2D of Chapter 128 of the General Laws.

Signature: _____ Date: _____

If rider is a minor child...

Parent's signature: _____ Date: _____

(Printed) Parents name: _____

I hereby grant permission to the owners of Hybid Farm to seek emergency medical care for my minor child in my absence: (Initials) Yes _____ No _____

From time to time, we at Hybid Farm take photographs of the children enjoying their time with the horses. This release gives us the right, without further permission, to publish pictures of your child for the purposes of advancing our family business.

Parent's signature: _____