Hybid's Horsin' Around

2017 Summer Program for Children

Registration Form

Name of Student:_____

Name of Parent: _____

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: _____

Circle which week(s) your child will attend:

Week 1: July 3-7 **Week 2: July 10-14** **Week 3: July 17-21**

Week 4: July 24-28 **Week 5: July 31-Aug 4** **Week 6: August 7-11**

Week 7: August 14-18 **Week 8: August 21-25**

Tuition $375.00 $_____

Hybid Farm Cap @ $15.00 ea. $_____

Hybid Farm t-shirt @$15.00 ea.$_____

Theme Thursdays (afternoon fun) 1:00 – 3:00 P.M. @ Hybid Farm.

Theme Thurs. Wks 1 2 3 4 5 6 7 8 @ $50 per week $_____

Total amount due $_____

Less deposit ($100 per week due at time of registration) $_____

Balance due on June 30th, 2017 $_____

A deposit is due at the time of registration; the balance is due in full on June 30th. Your space is confirmed when payment is received. Confirmation will be sent via email after June 1st.

Hybid Farm, Inc is a licensed Department of Public health Recreational Camp for children. Current Physical of camper needs to be submitted with registration form.

Waiver and Indemnification

Rider's Name: _____

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, the Town of Acton, 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: _____