

2017-2018 REGISTRATION FORM

(10 MONTH PROGRAMS)

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: _____

Please indicate you preferred riding program:

___ Weekly Riding Lesson: \$210/month for 5 months; \$1,050 deposit to start.

___ Horsemanship Program: \$230/month for 5 months; \$1,150 deposit to start

** Weekly Lessons: Monday - Friday: 1:00; 2:00; 3:00; 4:00; 5:00

** Horsemanship: Tues, Wed or Thurs 2-4pm; 3-5pm; 4-6pm

Please indicate your preferred riding times according to the schedule above:

1st choice: Day _____ Time: _____

2nd choice: Day _____ Time: _____

3rd choice: Day _____ Time: _____

We do not cancel lessons. No refunds or make-ups.

A 10% discount will be applied when this form and **full** payment for 10 month lessons or Horsemanship program is submitted by **September 4th**

Please visit our FAQ for Hybid Farm policies: www.hybidfarm.com

**No registrations can be processed without tuition check,
registration & waiver form. Thank you!**

Waiver and Indemnification

Rider's Name: _____

In consideration of the permission granted to me by Rita-Marie McConnon to be on her premises known as Hybid Farm, Inc. I hereby irrevocably waive any and all claims and release any and all causes of action against the owner, her employees, agents, guests, invitees, boarders and her 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 owner 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: _____

