

**JOURNEY'S HAVEN RIDING SCHOOL
HORSEMANSHIP WORKSHOP REGISTRATION**

Please indicate week(s) or day(s) attending: _____

ALTERNATIVE WEEK _____

Child's Name _____ Age _____ Sex: M F
(FOR EACH CHILD FILL OUT SEPARATE FORMS)

Parent, Guardian, Friend or Relative(s) attending with child on *Special Program Weeks:
(FOR EACH ADULT FILL OUT SEPARATE FORMS)

Address _____

Home Phone # _____ Cell Phone # _____

PLEASE CIRCLE WHICH PERSON & NUMBER IS TO BE CALLED 1ST

Mother _____ Work Phone # _____

Father _____ Work Phone # _____

Guardian _____ Phone # _____

Person(s) to contact in case of emergency (by MA Law must be someone other than home)

Name _____ Phone # _____

Name _____ Phone # _____

Participant has had riding lessons? YES NO If yes, for how long _____

Circle level of riding: Beginner (Walk Only) Intermediate (Walk & Trot) Advanced (Walk, Trot, Canter)

Participant has special needs? YES NO

If yes, explain: _____

Participant has allergies and/or taking any medications? YES NO

If yes, explain: _____

Physician: _____ Phone # _____

Medical Insurance Company: _____ ID# _____

I have provided all the information necessary and have signed a liability form for my child to attend this program.

SIGNATURE:

Parent or Guardian _____ DATE: _____

PAID \$ _____ CASH OR CHECK# _____

-----PLEASE CUT AND SAVE FOR YOUR RECORDS-----

REQUIREMENTS:

Sessions must have four participants to run, *ALWAYS SELECT AN ALTERNATE WEEK

Payment Policy: 100% payable at time of registration (MAKE CHECKS PAYABLE TO JHRS) NO REFUNDS

All Participants' parents/guardians must sign a LIABILITY FORM for any child to participate in any activity at JHRS.

All Participants' must abide by JHRS'S Rules and Regulations or their week may be terminated.

All Participants' must bring their own lunch, snacks and drinks.

All Participants' must bring their own ASTM/SEI approved riding or US CPSC approved bike helmets.

All Participants' must bring their own bathing suits, towels, flip flops (recommended) to travel to pool area and any safety gear (if necessary) for swimming (July & August Sessions Only).

All Participants' may wear shorts and sneakers for daily activities but must wear pants and work type boots with a ½ inch heel to work around or ride any horse. (NO EXCEPTIONS)

Journey's Haven Riding School
230 Anawan Street
Rehoboth, MA 02769
508-252-9925

LIABILITY FORM

This Release of Liability is made and entered into on this _____ day of _____, 20____
by and between Sherri Savoy, DBA Journey's Haven Riding School, hereinafter Owner and (PRINT)
_____, hereinafter designated Rider; and, if a minor, Rider's Parent or
Guardian (PRINT)_____. In return for the use, today and on all future
dates of the property, facilities, and services of Journey's Haven Riding School, the Rider, his heirs, assigns, and legal
representatives, hereby expressly agree to the following:

- 1) It is the responsibility of the Rider to carry full and complete insurance coverage on him/her and personal property.
- 2) Rider agrees to assume ANY AND ALL RISKS INVOLVED IN OR ARISING FROM RIDER'S USE OF OR PRESENCE UPON JOURNEY'S HAVEN RIDING SCHOOL'S PROPERTY AND FACILITIES including, without limitation but not limited to, the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses or stationary objects, fire or explosion, the unavailability of emergency medical care, or the negligence or deliberate act of another person.
- 3) Rider agrees to hold Journey's Haven Riding School and all of its successors, assigns, subsidiaries, franchises affiliates, officers, directors, employees, sub-contractors and agents completely harmless and not liable and release them from all liability whatsoever and AGREES NOT TO SUE them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of Rider's use of or presence upon Journey's Haven Riding School's property and facilities, including without limitation, those based on death, bodily injury, property damage, including consequential damages, except of the damages are caused by the direct willful and wanton negligence of Journey's Haven Riding School.
- 4) Rider agrees to waive the protection afforded by any statute of law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.
- 5) Rider agrees to indemnify and defend Journey's Haven Riding School against, and hold it harmless from, any and all claims, causes or action, damages, judgments, costs or expenses, including attorney's fees, which in any way arise from Rider's use of or presence upon the Manager's property and facilities.
- 6) Rider agrees to abide by all Journeys' Haven Riding School's RULES AND REGULATIONS.

WARNING: Under MA Law, the equine professional is not liable for an injury to or death of a participant in the equine activities resulting from the inherent risks of equine activities pursuant to section 2D of Chapter 128 of the general laws. This contract is non -assignable and non-transferable and is made and entered into the State of Massachusetts, and shall be enforced and interpreted under the laws of the state. Should any clause is in conflict with State Law, then that clause is null and void. When the Owner, Rider and Rider's Parent, guardian or organization, if the Rider is under 18, sign this contract, it will then be binding on both parties, subject to the above terms and conditions.

(PLEASE PRINT THEN SIGN ~ BOTH PARENTS MUST SIGN IF APPLICABLE)

RIDER: _____/_____

PARENT/GUARDIAN:

1) _____/_____

PARENT/GUARDIAN:

2) _____/_____

ADDRESS _____

TEL. NUMBERS (H) _____ (C) _____

EMERGENCY CONTACT PERSON & TEL. # _____/_____

(H) _____ (C) _____

SHERRI SAVOY: _____ DATE _____