

JOURNEY'S HAVEN RIDING SCHOOL

PARTICIPANT REGISTRATION

Please indicate days and date(s) attending: _____

Name _____ Age: _____ Sex: M F

Address _____

Phone # IF RELEVANT _____

IF UNDER 18 PLEASE FILL OUT PARENT CONTACT INFORMATION BELOW: INDICATE WHICH PERSON & NUMBER IS TO BE CALLED 1ST

Mother _____ Phone # _____

Father _____ Phone # _____

Guardian _____ Phone # _____

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

Name _____ Phone # _____

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

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

Child has special needs? YES NO

If yes, explain: _____

Child has allergies and/or taking any medications? YES NO (If required, an Epi-pen must be provided with directions to use)

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 THE INFORMATION BELOW FOR YOUR RECORDS-----

****SPACE IS VERY LIMITED: NO REFUNDS UNLESS JHRS CANCELS THE SESSION**

REQUIREMENTS:

Sessions must have a minimum of four participants to run.

- 1) Payment Policy: Full payment at time of registration. (FORMS CAN BE MAILED or DROPPED OFF AT FARM - MAKE CHECKS PAYABLE TO JHRS)
2) Parents and/or guardians must sign a LIABILITY FORM for anyone under the age of 18.
3) Participants must provide updated Vaccination & Medical Records required by the State of Massachusetts.
4) Participants may wear shorts (summer program) and sneakers for daily activities but must wear pants, have an ASTM/SEI approved riding or an US CPSC approved bike helmet and riding boots or a work type boot with a 1/2 inch heel, to work around or ride any horse at JHRS. (NO EXCEPTIONS)
5) Participants must bring their own lunch, snacks, drinks and plenty of water (water jugs are recommended). For our summer program: include sunscreen, suits, towels, flip flops, pool safety gear (if required) and bug spray.
6) Participant, parent(s) and/or guardian MUST agree to and adhere to all current Massachusetts and Federal Covid-19 Guidelines; including but not limited to providing their own masks & PPE while participating in any equine activity at Journey's Haven Riding School.

JOURNEY'S HAVEN RIDING SCHOOL

PARTICIPANT 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 Participant; and, if a minor, Participant's Parent or Guardian, _____. In return for the use, today and on all future dates of the property, facilities, and services of Journey's Haven Riding School, the Participant, his heirs, assigns, and legal representatives, hereby expressly agree to the following:

- 1) It is the responsibility of the Participant to carry full and complete insurance coverage on him/her and personal property.
2) Participant agrees to assume ANY AND ALL RISKS INVOLVED IN OR ARISING FROM PARTICIPANT'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) Participant 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 Participant'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) Participant 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) Participant 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 Participant's use of or presence upon the Manager's property and facilities.
6) Participant agrees to abide by all Journeys' Haven Riding School's RULES AND REGULATIONS.
7) Participant, parent(s) and/or guardian MUST agree to adhere to all current Massachusetts and Federal Covid-19 Guidelines; including but not limited to providing their own masks & PPE while participating in any equine activity at Journey's Haven Riding School.

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 Participant or Participant'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 BELOW ~ BOTH PARENTS MUST SIGN IF UNDER 18 AND IF APPLICABLE)

PARTICIPANT _____ / _____

PARENT 1/GUARDIAN _____ / _____

PARENT 2 _____ / _____

ADDRESS _____

TEL. NUMBERS (H) _____ (C) _____

EMERGENCY CONTACT PERSON & TEL. NUMBER _____ / _____