

Summer Riding Program

AT WOODGATE FARM — Beginner through Advanced Riders

June to August 2011

Two Hour Learning Sessions — **\$60 per session**

For more information call Frank Perla, 508-835-3044--Weekly Lessons also available.

REGISTRATION FORM AND RELEASE OF LIABILITY AGREEMENT

[1] Frank Perla and the instructors of Woodgate Farm, Inc. are professional licensed riding instructors under the conditions of the Massachusetts Department of Agriculture. Collectively they have years of experience in instructing riding, caring for horses and the general management of the horse and rider.

[2] No rider at Woodgate Farm, Inc.—or under Woodgate Farm's, Inc. supervision—will be allowed, under any circumstances, to be mounted on a horse unless he or she is wearing a properly fastened equestrian helmet that is ASTM/SEI APPROVED.

[3] In consideration for the privilege of riding and/or working around horses at *Woodgate Farm, Inc.*, located at 333 Lancaster Street, West Boylston, MA 01583, the Undersigned does hereby agree to hold harmless and indemnify *Woodgate Farm, Inc.*, and the employees of Woodgate Farm, Inc. and further release them from any liability or responsibility for accident, damage to property, injury, or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

[4] I agree to have the staff of Woodgate Farm transport my child to/from Camp Woodhaven and Woodgate Farm.

WARNING: Under Massachusetts Law an Equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D chapter 128 of the General Laws.

Student's name _____ Ability beginner intermediate advanced

Parent Email address Home phone Work phone cell phone

Parent Name Address

In case of emergency: name of relative or person to contact Phone number

Do you have any know medical conditions that the staff at Woodgate Farm, Inc. or emergency personnel should know about? Example epilepsy, asthma, allergic reactions to bee stings, and adverse drug reactions.

Medical insurance company Name / Phone of Doctor

Policy name and number Companies address and phone number

In case of medical emergency, the student should be taken to what hospital

Signature _____

_____ If a minor Signature of Parent or Guardian

By signing this release you give Woodgate Farm, Inc. permission to contact the students doctor or transport to hospital in the case of an emergency.