

RIDGE VALLEY STABLES, INC.

Summer Horseback Riding & Horse Care Classes for Boys & Girls June, July & August 2010

REGISTRATION FORM

DATES:

- Session # 1 June 21-23
- Session # 2 June 28-30
- Session # 3 July 5-7
- Session # 4 July 12-14
- Session # 5 July 19-21
- Session # 6 July 26-28
- Session # 7 August 2-4

\$250 per session (\$275 if reserved after May 30th). Enrollment is Limited !!!!!
Reserve your spot early by sending \$100 non-refundable deposit by May 30th,
2010

Student's Name _____ Age _____

Student's Address _____

Parents' Name & Address _____

Phone _____

Email _____

Session Requested 1st choice # _____ 2nd # _____

Horse experience 1-10 with 10 being you have your own horse _____ - Please
be honest.

Amount enclosed \$ _____

Return to:

Ridge Valley Stables, 286 Upton Street (Route 140), Grafton, MA 01519

Or call Becky today at 508-839-3038 or 508-294-7973

Ridge Valley Stables, Inc.

Release of Liability

I, _____ or my child, _____
or children, _____

being of lawful age, in consideration for being permitted to participate in horsemanship training and/or horseback riding or any kind of trailering of any horse on the premises of the equine center and/or the Ridge Valley Stables property or with the trainer at other locations do for myself and my heirs hereby release and forever discharge the equine center and its agents, employees and successors from all claims for damage resolution from my participation in horsemanship training, horseback riding or any related activity. I acknowledge that horsemanship training and horseback riding pose a danger of serious injury or death and I choose to encounter the inherent risk. (Such as bucking horses or any weather conditions whatsoever or any arena we might be in and their conditions as well, other clients out of control, weather conditions that might come up, snakes, etc. Riders ride at their own risk in order to participate in these activities.)

I further release the equine center or Terry Therrien, Owner or any agents from any claims whatsoever on account of any of the above problems and/or first aid treatment or services rendered me during participation in horsemanship training and/or horseback riding. This release contains the entire agreement between the parties and the terms of the release are contractual and not mere recital. I acknowledge that I have carefully read the foregoing and know the contents thereof, and that I sign this release without reservation.

Signature _____ Date: _____

Under Massachusetts law, the equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Massachusetts Chapter #128 Section 2D of the General Laws.

HEALTH HISTORY FORM FOR RIDGE VALLEY STABLES SUMMER HORSEBACK RIDING AND HORSE CARE CLASSES

Child's Name _____ Date of Birth _____

Parent/Guardian _____ Preferred Phone # _____

About health care for short-term student stays:

- A staff member with First Aid and CPR training will be at the stables when students are present.
- Students should arrive ready to participate in the program. Should your child be unable to participate, please contact us to reschedule their session week.
- Students should apply sunscreen and bug spray prior to arrival.

1. Date (month & year) of your child's most recent tetanus immunization _____

2. Is your child allergic to any food, medication or insects (ie. bees, wasps or hornets): _____ YES _____ NO

If YES, name the item and indicate the reaction:

	Intolerance	Anaphylaxis
	Intolerance	Anaphylaxis

Also, if YES to allergies, does your child carry an Epi-Pen? _____ YES _____ NO

3. Does your child have asthma? _____ YES _____ NO

If YES, will your child carry a rescue inhaler during his/her session: _____ YES _____ NO

If YES, does your child need staff help to use that rescue inhaler? _____ YES _____ NO

If YES, what triggers your child's asthma? _____

4. We will call when there is a question about your child's health and/or in an emergency. Please provide information for a custodial parent who will be available via phone while your child is attending our program.

Name of Parent _____ Phone (H) _____ (C) _____

5. List the medications that your child takes on a routine basis: _____ None

A. Med: _____ Reason for taking this: _____

B. Med: _____ Reason for taking this: _____

6. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program:

Parent/Guardian Authorization

This information is correct and the child described has permission to participate in all program activities except as noted on this form. I understand that the Stables has limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian _____ Date _____