



**2018 SUMMER HORSEMANSHIP PROGRAM**

STUDENT: \_\_\_\_\_ AGE: \_\_\_\_\_

Payment Responsibility: \_\_\_\_\_

Name: \_\_\_\_\_

Island address/phone #: \_\_\_\_\_

Off-Island address/phone/fax #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

ONE-WEEK SESSION \$650.00 - Please check your appropriate week(s)

1. June 11 thru 15		7. July 23 thru July 27	
2. June 18 thru 22		8. July 30 thru Aug. 3	
3. June 25 thru 29		9. August 6 thru Aug. 10	
4. July 2 thru July 6		10. August 13 thru Aug. 17	
5. July 9 thru July 13		11. August 20 thru Aug. 24	
6. July 16 thru July 20		12. August 27 thru Aug. 31	

Hours: 9:00 a.m. to 1:00 p.m.

\$325 *nonrefundable deposit required* for each week. **ALL BALANCES DUE JUNE 1<sup>ST</sup>** (We do not bill and all balances to be paid before the beginning of the season.)

Please mail payment to:

Arrowhead Farm  
P O Box 102  
West Tisbury, MA 02575  
508-693-8831 Barn 508-693-6889 Fax

**Waiver of Liability**

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Arrowhead Farm. Recognizing the possibility of physical injury associated with horseback riding, accepting student/rider for the equestrian programs and activities (the "program"), I hereby release, discharge and/or otherwise indemnify Arrowhead Farm, its personnel, including the owners of fields and facilities utilized for the programs, against any claims by or on behalf of the registrant as a result of the registrant's participation in the Program.

**Consent of Medical Treatment**

I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well-being of my dependent.

Please sign: \_\_\_\_\_

Date: \_\_\_\_\_