2017 SUMMER HORSEMANSHIP PROGRAM

STUDENT: _____ AGE: _____

Payment Responsibility: _____

Name: _____

Island address/phone #: _____

_____

Off-Island address/phone/fax #: _____

_____

How did you hear about us? _____

** In June of 2017, we will be introducing a new concept. We can design a personalized program for your child (or for you) which would include lessons, horsemanship, and lots of pony fun. We'll be happy to discuss anything you might wish to do. Please call for more information.*

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

1. July 3 thru July 7 { }
2. July 10 thru July 14 { }
3. July 17 thru July 21 { }
4. July 24 thru July 28 { }
5. July 31 thru Aug. 4 { }
6. August 7 thru Aug. 11 { }
7. August 14 thru Aug. 18 { }
8. August 21 thru Aug. 25 { }
9. August 28 thru Sept. 1 { }

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

$325 *nonrefundable deposit required* for each week. **ALL BALANCES DUE JUNE 1ST** (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: _____