

# Indian Rock Stables

## 2020 Summer Horsemanship Program Registration

Name \_\_\_\_\_ Age \_\_\_\_\_

Riding Experience (None required to attend)

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email

Address \_\_\_\_\_

***Please Circle Week(s) Attending:***

***9 am- 2pm***

*July 6-10*

*July 20-24*

*Aug 3-7*

*August 17-21*

*August 24-28*

**Price: \$425/Week**

*\$25 Discount per week for multiple week/sibling discount: \$400/week*

Please mail this form and **\$100 NON-REFUNDABLE DEPOSIT PER WEEK/CHILD** (if reserving spot for 3 weeks or 3 kids deposit is \$300) to:

*Indian Rock Stables*

*28 Walden Terrace*

*Saugus, MA 01906*

Make checks payable to *Indian Rock Stables*

**WE ARE NOT A DAY CAMP OR DAYCARE/CHILDCARE PROVIDER THIS IS A HORSEMANSHIP RIDING PROGRAM, THERE IS NO TAX ID AVAILABLE**



This agreement is for any and all horses at:

Indian Rock Stables  
28 Walden Terrace  
Saugus, MA 01906

Student/Rider Name: \_\_\_\_\_

I agree and understand that horseback riding is a hazardous and dangerous activity and involves a risk of injury to any and all parts of said student/rider's body, which could further result in said student/rider being incapacitated and to unable to work. I agree that I am solely responsible for and hereby expressly and freely assume and accept all risks of damage, injury, and/or other related activity in connection with Indian Rock Stables whether caused to or by myself, my spouse (if any) and each and every child of mine (if any), whether or not the child is a minor.

I agree to fully indemnify and hold harmless and hereby release Indian Rock Stables, its directors, officers, employees and the owners of the real estate at which Indian Rock Stables is situated and each of them, of and from all now existing and/or hereafter arising claims, liabilities, causes of action, losses or damages, including death and any disability and/or loss of earnings or earning capacity, in part caused by, arising from, or in connection with any horseback riding activity and/or lesson, in connections with whether caused to or by said student/rider, whether said student/rider by myself, my spouse (if any) and/or each and every child of mine (if any), whether or not the child is a minor.

I represent and warrant that I am 18 years of age or older. This instrument shall insure to the benefits on Indian Rock Stables and the owner of the property at which Indian Rock Stables is situated and each of their heirs, executors, successors and assigns. This agreement shall be governed and constructed my Massachusetts law and is deemed executed and delivered by Massachusetts. This agreement cannot be orally modified, but can only be modified by a written instrument signed by Indian Rock Stables and the owners of the property that Indian Rock Stables is situated. The invalidity of any portion of the agreement shall not effect the validity of the remainder hereof.

There are no warranties expressed or implied herein. I have read this agreement and understand its contents.

Signed as a sealed instrument this \_\_\_\_\_ day of \_\_\_\_\_ (month, year)

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature/Guardian: \_\_\_\_\_

