



## 2025 SUMMER HORSEMANSHIP PROGRAM

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

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

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

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

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

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

### ONE-WEEK SESSION \$695.00 - Please check your appropriate week(s)

1. June 23 thru June 27		6. July 28 thru Aug. 1	
2. June 1 thru July 4		7. August 4 thru Aug. 8	
3. July 7 thru July 11		8. August 11 thru Aug. 15	
4. July 14 thru July 18		9. August 18 thru Aug. 22	
5. July 21 thru July 25			

Hours: 9:00 a.m. to 12:00 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: \_\_\_\_\_