



2024 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 24 thru June 28			6. July 29 thru Aug. 2	
2. July 1 thru July 5			7. August 5 thru Aug. 9	
3. July 8 thru July 12			8. August 12 thru Aug. 16	
4. July 15 thru July 19			9. August 19 thru Aug. 23	
5. July 22 thru July 26				

Hours: 9:00 a.m. to 12:00 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: _____