



2020 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 \$675.00 - Please check your appropriate week(s)

1. June 8 thru 12		7. July 20 thru July 24	
2. June 15 thru 19		8. July 27 thru July 31	
3. June 22 thru 26		9. August 3 thru Aug. 7	
4. June 29 thru July 3		10. August 10 thru Aug. 14	
5. July 6 thru July 10		11. August 17 thru Aug. 21	
6. July 13 thru July 17		12. August 24 thru Aug. 28	

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: _____