



Current Rider Registration Form

Signed Registration Form with Release must be submitted with payment.

Winter Spring Summer Fall

Participants Name: _____

Date of Birth: _____ **Height:** _____ **Weight:** _____ *Weight limitation of 185 lbs* **Gender:** _____

Current Instructor: _____ **Current lesson day:** _____ **Time:** _____

**45 Minutes
2-3 Riders**

**1-Hour
Private**

Update any changes to current information:

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email address: _____

Photo Release:

I DO_/DO NOT__ consent to and authorize the use and reproduction by Strongwater Farm of any and all photographs and any other audio/visual materials taken for promotional materials, educational activities, exhibitions or for any other use Strongwater Farm deems to be of benefit to its program.

Date: _____ **Signature:** _____

Applicant (or Parent, Legal Guardian, or Caregiver if under 18 years)

Inherent Risks of Equine Activities and Release from Liability:

WARNING

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of chapter 128 of the General Laws.

Participant would like to participate in equine activities at Strongwater Farm Therapeutic Equestrian Center, Inc. ("Strongwater Farm"). I (or the Participant's Parent(s)/Guardian(s)) acknowledge and understand that horses and activities related to horses are inherently dangerous and that there are dangers and risks which are an integral part of equine activities, the Participant or the Participant's Parent(s)/Guardian(s) acknowledge the risks and potential for risks of equestrian activities. Despite these inherent risks, the Participant (or the Participant's Parent(s)/Guardian(s)) feels that the possible benefits to himself/herself/his or her son/daughter/ward are greater than the risks assumed, and the Participant (and the Participant's Parent(s)/Guardian(s)) has chosen to participate in Strongwater Farm's equestrian program (the "Activities") (and the Participant's Parent(s)/Guardian(s) have agreed to allow the Participant to engage in the Activities). The Participant (and the Participant would like to participate in equine activities at Strongwater Farm Therapeutic Equestrian Center, Inc. ("Strongwater Farm"). I (or the Participant's Parent(s)/Guardian(s)) Participant's Parent(s)/Guardian(s)) agree that he or she shall not hold Strongwater Farm Therapeutic Equestrian Center, Inc. liable for injury to or death of the Participant (or the Participant's Parent (s)/Guardian(s)) resulting from or related to his or her involvement in equine activities and/or the Activities. The Participant (and the Participant's Parent(s)/Guardian(s)) intending to be legally bound hereby remise, release and forever discharge Strongwater Farm Therapeutic Equestrian Center, Inc. its officers, directors, employees, independent contractors, assigns, members, insurers, instructors, therapists, aides, participants, agents, representatives and any others acting on Strongwater Farm's benefit, for him or herself and his or her heirs, executors and administrators, of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that he or she now has or hereafter can or may have or which his or her heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death of the Participant (or the Participant's Parent(s)/Guardian(s)) caused by or in any manner related to equine activities and/or the Activities or while participating in Strongwater Farm's equestrian program. Moreover, I understand that Strongwater Farm is an equine activity sponsor, as M.G.L. ch 128, section 2D defines that term and that Strongwater Farm Therapeutic Equestrian Center, Inc. shall not be liable for any injury or death that results from the inherent risks of equine activities, and I shall not make any claim on my own or the Participant's behalf against Strongwater Farm Equestrian Center, Inc. The Participant (and Participant's Parent(s)/Guardian(s)) hereby acknowledges that he or she has been warned about the risks related to equine activities and the Activities. The Participant (and the Participant's Parent(s)/Guardian(s)) has had the opportunity to ask questions of Strongwater Farm and is satisfied that he or she understands the risks involved in equine activities and the Activities. By his or her execution of this Release Form, the Participant (and the Participant's Parent(s)/Guardian(s)) agrees to be bound by and comply with the terms hereof and acknowledges that he or she wishes to engage in equine activities despite the risks and potential dangers involved. The Participant (and the Participant's Parent(s)/Guardian(s)) has not relied on any representations, statements or warranties of Strongwater Farm other than those specifically set forth herein.

Date: _____ **Consent Signature:** _____

Participant (or Parent, Legal Guardian, or Caregiver if under 18 years)

Lesson Fees and Payment

2023 Spring Trimester

Strongwater Farm Therapeutic Equestrian Program is a 501c3 not-for-profit and relies on fundraising, donations, and volunteers to provide our programs. Through the generosity of our donors and volunteers, we are able to subsidize 2/3 of the actual cost to keep the program fees as affordable as possible. Please consider donating more than the required fees to keep our programs affordable. *

Payments must be received prior to the start of the session.

Current Tuition fees are as follows (and are subject to change):

	Lesson Type	Per Lesson	Spring Trimester	Total Fee
<input type="checkbox"/>	Group	\$66 (*\$198 actual cost)	10 weeks	\$ 660 (*\$1,980 actual cost)
<input type="checkbox"/>	Private	\$90 (*\$270 actual cost)	10 weeks	\$ 990 (*\$2,700 actual cost)

Cost of Lessons: \$ _____

Please consider a donation to STRONGWATER FARM's Programs:

\$25.00 \$50.00 \$100.00 Other Amount \$ _____

Donation (Optional) \$ _____

Onetime Monthly

Total \$ _____

I will pay the full amount in one payment

Check is enclosed (made payable to STRONGWATER FARM)

Visa MasterCard Discover

Monthly Payments

Invoice agreement attached

For internal use only

Payment received _____

Participant information processed _____

Payment processed _____

Lessons scheduled on (day of week) _____ at (time) _____ with (instructor) _____

Total number of Lessons to be billed _____ (if different than number of weeks shown above). :