## The Carriage Barn Registration Form

(One Family per registration form)

Participant Name(s) & Age(s) (as of 6/1/18):

Participant Name(s) & Age(s) (as of 6/1/18):

Parent / Guardian Name (if minor participant(s)):

Address:

City: State: Zip: Phone:

E-mail:

**Please choose your event:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Event** | **Cost** |  |  | **Event** | **Cost** |
|  |  |  |  |  |  |  |
|  | **Play Day(s)** | $20 |  |  | **Adaptive Carriage** | $800 |
|  | Date(s)\_\_\_\_\_\_\_\_\_\_\_\_\_AM or PM | Per child per session per day |  |  | **Driving Workshop** | per person |
|  |  |  |  |  |  |  |
|  | **Summer** | $500 |  |  | **Summer Youth Suicide** |  |
|  | **Horsemanship Camp** | Per child per week |  |  | **Prevention Program** |  |
|  | Week(s) #\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | Week(s) #\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |  |  |  |  |
|  | **Carriage Restoration** | **$100** |  |  | Riding / Driving Lessons | See |
|  | **Workshop** | Per person |  |  | ½ hour or 1 hour | Fee Schedule |
|  | with Carriage eval | **$250**pp |  |  | Private of Group |  |

Is participant enrolled in any special education program? If so, please attach a brief explanation.

Please see flyer or website for details & requirements. Please remit & mail to:

The Carriage Barn

PO Box 247

E Kingston, NH 03827

Confirmation will be sent upon receipt of your registration / payment. For more information:

Phone: 603-378-0140, E-mail: carriage-barn@comcast.net, Website: www.carriage-barn.org

### Liability Waiver is required for all participants (including parent signature). Cancellation / Refund Policy:

Full refund if program is cancelled. All other refunds at the sole discretion of Carriage Barn Management.

Additional Notes:

**2019 Carriage Barn Liability Waiver**

Participant Name(s):

Parent / Guardian Name (if minor participant(s)):

Physician’s Name(s):

Health Insurance Company:

Allergies to medications:

Current medications:

**In the event of emergency, contact:**

Name: Relation: Phone:

Name: Relation: Phone:

In signing this application, the Undersigned & parent / guardian agree to the following:

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: The Carriage Barn will render basic first aid as needed, but is not liable for any medical services that may be needed. Any medical services that may be needed are the sole responsibility of the Undersigned. Permission is given here for The Carriage Barn to secure & retain medical treatment (including transportation) if needed and release records to assist in that medical treatment. Permission is also given to any physician / hospital chosen by The Carriage Barn to treat the Undersigned for any illness or injury, as deemed appropriate by qualified medical personnel.

## RELEASE AND HOLD HARMLESS: Whereas, the Undersigned, acknowledges the inherent risks involved in riding & working around horses, which risks include bodily injury & death, from using, riding or being in close proximity to horses, among other risks & further, that both horse & Driver can be injured in normal use or in competition & schooling. In consideration, therefore, for the privilege of riding and/or working around horses at The Carriage Barn, the Undersigned does hereby agree to hold harmless & indemnify The Carriage Barn Equestrian Center Therapeutic Riding Program, Inc., Trundle Bed Farm, LLC, Ann Miles, and The Holt Family. Further the Undersigned releases them from any liability or responsibility for accident, damage, injury, death, or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned.

**ALSO**,in signing this applicationthe parent / guardian agrees to the following:

## Any damage caused by the Undersigned’s disregard of instructor / staff instructions must be paid for by the Undersigned. The Carriage Barn will not assume liability for loss / damage of Undersigned’s property.

## Permission is also given here for use of photographs and / or video of Undersigned in Carriage Barn publicity, unless otherwise noted in advance.

Date: Signature: Parent or Legal Guardian (if minor participant(s))