

# 2008 Registration Form

\_\_\_ April 21-25 \_\_\_ June 23-27 \_\_\_ July 7-11\*\* \_\_\_ August 4-8 \_\_\_ August 18-22\*\* \_\_\_ Dec 29-31

**50% (\$175.00)\*\* Deposit due at Registration Remainder (\$175.00) due 5 days before session begins**  
**\*\*Add 30.00 to deposit for meals for these two Thursday sleep over camp weeks**

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. THE UNDERSIGNED ASSUMES THE UNAVOIDABLE RISKS INHERENT IN ALL HORSE RELATED ACTIVITIES, INCLUDING BUT NOT LIMITED TO BODILY INJURY AND PHYSICAL HARM TO HORSE, RIDER AND SPECTATOR.

In consideration, therefore, for the privilege of riding and or working around horses at: Azeedad Farm, 25 Center St. Pembroke, MA. 02359

the undersigned does hereby agree to hold harmless and indemnify

Azeedad Farm its employees owners, agents, Christopher S Kelley, Andrea L Kelley Jack R. Kelley and Anne M. Kelley, Martina Ryder and further release them from any claims, liability or responsibility for accident, damage, injury, death or illness to the undersigned or to any horse owned by the undersigned or to any family member or spectator accompanying the undersigned on the premises.

**Student name** \_\_\_\_\_ **Age/DOB** \_\_\_\_\_

As parent/guardian of this child, I give permission for their participation in all Azeedad Farm activities. I give my consent for any necessary examination and emergency medical treatment as prescribed by an attending physician/EMT. If treatment is indicated all reasonable efforts should be made to contact me at:

**Parent or Guardian signature**

\_\_\_\_\_

**Address:** \_\_\_\_\_

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**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Alternate to call in case of an emergency** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Does this child have any medical condition that would hinder than from participating in this sport?** \_\_\_\_\_

**Participant subject to:**

\_\_\_ **Complications from previous injury/illness**  
\_\_\_ **Epilepsy**  
\_\_\_ **Convulsions**  
\_\_\_ **Heart Trouble**

**Allergic reactions:**

\_\_\_ **Bee/Insect sting**  
\_\_\_ **Penicillin**  
\_\_\_ **Other Drugs** \_\_\_\_\_  
\_\_\_ **Asthma**  
\_\_\_ **Other** \_\_\_\_\_

**Date of Last Tetanus Shot** \_\_\_\_\_