482-1290

Summer Weekly Riding Program

654-9027

WM. R. HEBERLE STABLES, INC.

 751 BROWNCROFT BLVD.

If you’d like to pay with credit card, email Heather to get an invoice sent.

heather@heberlestables.com

ROCHESTER, NY 14625

***RELEASE OF LIABILITY***

The undersigned acknowledges that the handling and riding of horses is hazardous to both rider and horse and therefore willingly and knowingly accepts whatever risks are involved while riding on the premises of William R. Heberle Stables, Inc. The understanding hereby releases instructors at William R. Heberle Stables, Inc. and/or William R. Heberle and/or William R. Heberle Stables, Inc. from all liabilities arising out of any occurrence which result in injury, loss and/or damage to the student, horse and/or equipment. Additionally, the undersigned prohibits any relative, representative and/or agent from seeking relief for damages from instructors at William R. Heberle Stables, Inc. and/or other instructors and/or William R. Heberle and/or William R. Heberle Stables, Inc. on behalf of the undersigned.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Print*** parent or guardian name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed, parent or guardian for student Date

 under age 18

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Doctors Name Phone number

**NAME**:\_STUDENTS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B. child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***PRINT INFO***

**ADDRESS**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE NUMBERS**:\_HOME \_\_\_\_ WORK \_\_\_\_\_\_\_\_ \_\_ CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL **ADDRESS**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$350.00/week (full day)     9 AM till 4:00 PM

$300.00/week (half day)     9 AM till 12:30 PM

Prices listed are the discounted cash or check price.

Additional $25 added for credit card processing.

Early or after hour day care available for $6/hour

|  |  |  |  |
| --- | --- | --- | --- |
|  Riding Weeks 2015 | Full Day | Half Day | Total |
| Week 1 July 13 – 17 |  |  |  |
| Week 2 - July 20 – 24 |  |  |  |
| Week 3 – August 3 – 7 |  |  |  |
| Week 4 - August 17 – 21 |  |  |  |
| Week 5 - August 24 - 28 |  |  |  |

**PAYMENT AMOUNT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK #:\_\_\_\_\_\_\_\_\_\_ Invoice # \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***NO REFUNDS/ FULL AMOUNT DUE Tax id will be sent on request***

**ADDITIONAL INFORMATION**: we need to be aware of such as: allergies, intolerance’s to food, emotional behavior, strong fears, etc. Anything you feel we need to be aware of: