

Summer Weekly Riding Program

482-1290  
654-9027

**WM. R. HEBERLE STABLES, INC.**  
**751 BROWNCROFT BLVD.**  
**ROCHESTER, NY 14625**

If you'd like to pay with credit card, email  
Heather to get an invoice sent.  
heather@heberlestables.com

**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  
under age 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Doctors Name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Preferred Hospital

**NAME:** STUDENTS \_\_\_\_\_ **D.O.B. child** \_\_\_\_\_

*PRINT INFO*

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

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

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

**STUDENTS T-SHIRT SIZE:** \_\_\_\_\_

Riding Weeks 2019	Full Day	Half Day	Total
Week 1 - July 22 - 26			
Week 2 - July 29 - Aug 2			
Week 3 - Aug 12 - 16			
Week 4 - Aug 19 - 23			
Week 5 - Aug 26 - 30			

\$450.00/week (full day)	9 AM till 4:00 PM
\$400.00/week (half day)	9 AM till 12:30 PM
Prices listed are the discounted cash or check price. Additional \$10 added for credit card processing.	
Early or after hour day care available for \$10/hour	

**PAYMENT AMOUNT:** \_\_\_\_\_ **CHECK #:** \_\_\_\_\_ **Receipt #** \_\_\_\_\_  
*NO REFUNDS/ FULL AMOUNT DUE Tax id will be included on Sales Receipt*

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