

**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 2023          | Full Day | Half Day | Total |
|----------------------------|----------|----------|-------|
| Week 1 – July 10 -July 14  |          |          |       |
| Week 2 - July 24 - July 28 |          |          |       |
| Week 3 – July 31 - Aug 3   |          |          |       |
| Week 4 – Aug 14 - Aug 18   |          |          |       |
| Week 5 - to be determined  |          |          |       |

\$500.00/week (full day) 9 AM till 4:00 PM  
\$470.00/week (half day) 9 AM till 12:30 PM

Prices listed are the discounted cash or check price. Additional \$20 added for credit card processing.

Early or after hour day care available for \$12/hour

\$50 non refundable deposit is required at the time of sign up.

If cancelled due to COVID deposit will go towards one private lesson.

Balance is due May 1st, 2023

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

*\$55 non refundable deposit due at sign up. Balance due one week prior to start of camp*

*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:

**Emergency Contact Information:**

| <b>Name</b> | <b>Phone Number</b> | <b>Relationship</b> | <b>Authorized to Pick Up</b> |
|-------------|---------------------|---------------------|------------------------------|
|             |                     |                     |                              |
|             |                     |                     |                              |
|             |                     |                     |                              |

William R. Heberle Stables Inc  
751 Browncroft Blvd  
Rochester, NY 14625  
585-654-9027 [www.heberlestables.com](http://www.heberlestables.com)

Summer Weekly Riding Program and Riding Lessons additional agreement:

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at William R. Heberle Stables Inc. may result from the actions, omissions, or negligence of myself and others, including, but not limited to, William R. Heberle Stables Inc.'s employees, volunteers, and program participants and their families.

By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Telephone

\_\_\_\_\_  
PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18) In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian Print Name \_\_\_\_\_

Date \_\_\_\_\_