

**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 2024	Full Day	Half Day	Total
Week 1 - July 22nd - July 26th, 2024			
Week 2 - July 29th - August 2nd 2024			
Week 3 - August 12th - 16th, 2024			
Week 4 - August 19th - 23rd, 2024			

\$550.00/week (full day) 9 AM till 4:00 PM
\$500.00/week (half day) 9 AM till 12:30 PM

Prices listed are the discounted cash or check price.
Additional \$22 added for credit card processing.

Early or after hour day care available for \$15/hour

Payment in full at sign up.

If needing to put a deposit down, \$50 non refundable deposit is required at the time of sign up.

Balance in full due April 30 2024

PAYMENT AMOUNT: _____ **CHECK #:** _____ **INVOICE #** _____

\$50 non refundable deposit due at sign up. April 30, or 30 days prior to week date. 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:

Name	Phone Number	Relationship	Authorized to Pick Up

William R. Heberle Stables Inc
751 Browncroft Blvd
Rochester, NY 14625
585-654-9027 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 _____