


PECK'S FARM
— AND EQUESTRIAN CENTER —

Lessons • Therapeutic Riding • Boarding

PFEC SUMMER PROGRAM

9:00 AM - 1:00 PM

To reserve dates, you are requesting: please fill out this form, sign the Release & Hold Harmless Agreement (page #2}, include payment amount and return to Peck's Farm & Equestrian Center.

Print Child/Student Name: _____

Age: _____ **Height:** _____ **Weight:** _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Cell or Work Number: _____

IN CASE OF AN EMERGENCY and we are unable to reach you, please provide us with an emergency contact, their relationship to the student and a phone number to contact:

EMERGENCY CONTACT: _____

Relationship to Student: _____

Emergency Contact Phone: _____

Please mark (X) for weeks desired and all that applies:

Choose your session dates 9:00 AM - 1:00 PM (X):

- SUMMER SESSION 1 – June 20th to June 24th**
- SUMMER SESSION 2 – June 27th to July 1st**
- SUMMER SESSION 3 – July 11th to July 15th**
- SUMMER SESSION 4 – July 18th to July 22nd**
- SUMMER SESSION 5 – August 1st to August 5th**
- SUMMER SESSION 6 – August 8th to August 12th**
- Counselor in Training Program (CIT) – *must receive prior authorization***

PRICING

A: One Session - \$320.00

B: Two Weeks in a Row - **Same Student** – Discounted Rate of \$295 for week number two (2) *(\$320 + \$295 = \$615)

*Vacation interfering? Do a partial week - day rate: \$75.00 per day

*Sessions are five days in a row.


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PLEASE LIST ANY ALLERGIES, SPECIAL NEEDS, CONSIDERATIONS OR ANY OTHER INFORMATION THAT YOU FEEL WE SHOULD BE AWARE OF:

A deposit of \$80 per session is required to hold your spot. This deposit is refundable for cancellations up to 30 days prior to the start date of your session. Please submit deposits to Peck's Farm via check.

Total # of sessions attending/ # of deposits: _____ Total Cost of deposits: \$ _____

TOTAL REMAINING AMOUNT DUE 30 DAYS PRIOR TO SUMMER SESSION(S): \$ _____

ATTENTION PARENTS

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 Peck's Farm and Equestrian Center, LLC., located at 16 Chowanec Road, Columbia, CT, the undersigned does hereby agree to hold harmless and indemnify Peck's Farm and Equestrian Center, LLC., its owners, representatives (whether actual or implied), operators, and property owners, and further release them from any and all liability or responsibility for accident, injury, damage, or illness to the child/student of the undersigned, the undersigned or any horse owned by the undersigned or to any family member or spectator accompanying the undersigned on the premises.

Parent/Guardian Signature

Please Print Name and Relationship to Child/Student

Date

IMPORTANT: Please read carefully. Do not sign unless you fully understand.

Please return both pages filled out via email to: ride@pecksfarm.com

Please feel free to call (860) 771-0071 if you have any questions.