**C & M Farms Equestrian Center LLC**

284 West ST, Bolton CT 06043

[www.candmequestrian.com](http://www.candmequestrian.com) 860-646-3276

2020

**HOMESCHOOL RIDING PROGRAM:**

Spring Sessions: 11am-2pm (10-week program)

\***Tuesdays** March 17-May 19 (make-up date May 26) \_\_\_\_

\* **Fridays** March 20 -May 22 (make-up date May 29) \_\_\_\_

***A screenshot of a cell phone

Description automatically generated***

***\*Open to ages 5 and up***

***\*Riders must have long pants***

***A boot or shoe with heel***

***Riding helmet or bike helmet***

***\*Bring lunch and drink***

During this 10-week program students will learn the fundamentals of horses and horseback riding. They will ride every day they come as well as learn basic health, care, grooming, etc., there is so much that horse can teach us as well as what we can teach them.

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Riding Liability Form:

I have read and understand the cost and policy of C & M Farms. In consideration of myself and or my child’s participation in horseback riding at C & M Farms, it is understood that I assume all risk in consideration with any accident and or damage there to myself, my child or property. I hereby release C & M Farms, its officers, employees, riding instructors whether employees or subs and anyone associated with the organization of our program from all claims demands and liability on account of any and all injury, losses, or damages to myself, my child or my property during participation in this program This assumption of risk shall remain in effect until termination by written notice is received to C & M Farms. Furthermore, I the undersigned agree that horse by their very nature are unpredictable and subject to animal whim and that injury or death may occur while working around horses. I agree that an approved riding helmet and riding boots will always be worn while on a horse during my supervised lesson or riding program

RIDERS NAME: please print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

RIDER SIGNATURE or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ other #\_\_\_\_\_\_\_\_

Physical limitations/Restrictions: Riding is a moderately strenuous physical activity. Please note any limitations, allergies/asthma, or attentional disorder that may affect your child’s safety and enjoyment during the program.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MEDICAL PERMISSION**

**I Authorize C & M Farms to obtain medical attention for my child in the event of an emergency**. SIGNATURE OF PARENT OR GUAURDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_ INS CARRIER & # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_