

# TerryAllen Farms' Registration – Summer Riding Programs

Please Print

Name: \_\_\_\_\_  
  Last  First  MI

Address: \_\_\_\_\_

\_\_\_\_\_  
  City  State  Zip Code

Telephone No. (home) \_\_\_\_\_ (work) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's name \_\_\_\_\_

Father's name \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

\_\_\_\_\_  
Allergies or Medications: \_\_\_\_\_

**Program Week Desired**    June 25 – 29  
  July 16 – July 20  
  Aug. 6 – Aug. 10

**Deposit must be paid ASAP to reserve your date. Your reservation is not guaranteed unless the deposit is paid. This deposit is non-refundable.**

Style of riding: English

Program Fee	9 am to 1 pm	\$300.00
	9 am to 3 pm	\$500.00

Half of the payment is due as a deposit to hold your child's spot. Limited spots available. The balance is due on or before the start date.

## An Authorization for Emergency Medical Treatment

I, \_\_\_\_\_ (Parent's name),  
of \_\_\_\_\_ (address),  
am the mother/father) of \_\_\_\_\_ (child's name).

I am aware that horseback riding involves certain inherent dangers of injury. I am also aware that in Terryville, Connecticut, the Bristol Hospital is the nearest medical facility. In the event that my son/daughter sustains an illness or injury, I hereby authorize the officials to take my son/daughter to the Bristol Hospital for treatment.

I also hereby authorize the physicians of the hospital staff and whomever they may designate as their assistants, to perform such emergency treatment and procedures as they deem advisable.

I understand that a personal physician must be selected by or on behalf of a patient if hospitalization of further treatment is required.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Notary \_\_\_\_\_

Printed Name of Notary \_\_\_\_\_

My Commission Expires on \_\_\_\_\_

SEAL

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Most recent tetanus toxoid injection: \_\_\_\_\_

Blue Cross/Blue Shield coverage: Yes \_\_\_\_\_ No \_\_\_\_\_

Certificate # \_\_\_\_\_ Group # \_\_\_\_\_

Other Insurance: \_\_\_\_\_

Policy numbers: \_\_\_\_\_

### Agreement and Waiver of Liability

I hereby enter my child, at my own risk, subject to all the rules and regulations of this Program. I further agree that if any injury occurs to my child, I will make no claim therefore against TerryAllen Farms, and Mark Borkoski, Caroline Borkoski, and Samantha Borkoski, (collectively "the Borkoski's"). I further agree to hold TerryAllen Farms and the Borkoski's free and harmless from any liability, claims, suits, or damages and expenses including any attorney's fees incurred, arising out of any injury to my child.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_