



## ENROLLMENT FORM

**Commitment Fee: \$15.00 new enrollees \$25.00 returning enrollees**  
(Check Payable to City to Saddle)

**City to Saddle is a nonprofit, 501c3 charitable organization providing funding and access to equestrian programs for underserved children. Proof of eligibility may be required.**

**Child's name:** \_\_\_\_\_

**Name of sponsoring organization through which your child would like to participate, if any**  
(example: YMCA of Central MA, Autumn Woods, Big Brothers and Sisters):

\_\_\_\_\_

**Name of Youth Organization Representative::** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Name of Equestrian Host Barn**                      **Address**                      **Phone #**                      **Name of Instructor**

\_\_\_\_\_

**Program dates:** \_\_\_\_\_ **Program hours:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, & Zip Code:** \_\_\_\_\_

**Phone Numbers: Home:** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### Emergency Medical Information

**Contact Person** \_\_\_\_\_ **Phone # cell:** \_\_\_\_\_ **home:** \_\_\_\_\_

**Name of Medical Insurance Company** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

List below specific medical problems and conditions including allergy to medications (i.e. penicillin), or bee stings. List necessary medications (i.e. insulin ,asthma inhalers)

### Photo Release:

I hereby consent to and authorize the use and reproduction by City to Saddle and associated organizations of any and all photographs taken of me/my son/my daughter/my ward for promotional printed materials, educational activities, websites, exhibitions, or for any other use for the benefit of City to Saddle.

**Signature:** \_\_\_\_\_ (parent/legal guardian)    **Date** \_\_\_\_\_

**PLEASE NOTE:**

***APPLICANTS SPONSORED BY YOUTH ORGANIZATIONS:*** Please return all of the completed forms listed below to your youth organization group leader.

***YOUTH ORGANIZATION GROUP LEADERS:*** You are responsible for delivery of applicants' completed forms to 1) the Host Barn, and 2) copies of completed forms, along with all Commitment Fees to City to Saddle. Documents and Commitment Fees must be received by the host Barn and City to Saddle prior to start of the first riding session.

***PARENTS/ GUARDIANS OF INDIVIDUAL APPLICANTS:*** If applying on behalf of your child, please deliver all completed forms listed below to 1) the Host Barn, and 2) copies of these documents along with the Commitment Fee to City to Saddle by post mail. Documents and Commitment Fees must be received prior to start of the first riding session.

- \_\_\_\_\_ Participant Enrollment Form
- \_\_\_\_\_ Signed Waiver of Liability form
- \_\_\_\_\_ Signed Medical Consent Form
  
- \_\_\_\_\_ Commitment Fees

**Send to:**

City To Saddle/Barbara Zenker  
P.O. Box 512  
Rutland, MA 01543

[citytosaddle@gmail.com](mailto:citytosaddle@gmail.com)  
[www.citytosaddle.org](http://www.citytosaddle.org)



## City to Saddle Waiver of Liability

### Release of liability:

This is an AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_  
By and between City to Saddle, host farm, and program participant.

WHEREAS, \_\_\_\_\_ (participant) is desirous of participating in riding and other horsemanship activities with City to Saddle at:

Name of host farm: \_\_\_\_\_

WHEREAS, the participant understands that working around and riding horses can be dangerous due to the unpredictability and size of horses and that horses can inadvertently seriously injure and/or kill people and that people can be thrown while riding, all causing person(s) serious injury.

Now, therefore, for mutual consideration, the participant covenants and agrees that City to Saddle and \_\_\_\_\_ (host farm) shall in no way be liable to the participant, his or her heirs, executors or assigns for any damage or redress in any form for any injuries fatally or otherwise caused to or sustained by the participant because of accident from any cause whatsoever while engaged in any capacity while involved with City to Saddle at the host farm. The participant further covenants and agrees to indemnify and behold City to Saddle or the host farm from any loss that may result from any claim, suit or legal action brought by the student and/or his/her heirs, executors, administrators, or assigns.

WITNESS our hands and seals on the day and year first written above,

By \_\_\_\_\_ (Representative from host farm) Date: \_\_\_\_\_

By \_\_\_\_\_ (Representative from City to Saddle) Date: \_\_\_\_\_

Signature: \_\_\_\_\_ (parent/legal guardian) Date: \_\_\_\_\_

**Under Massachusetts Law, an Equine Professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the General Law.**

If applying as a group please return the completed waiver of liability to the group leader of the sponsoring youth organization. The group leader is responsible for sending it to:

City to Saddle  
P.O. Box 512  
Rutland Ma 01543

citytosaddle@gmail.com

www.citytosaddle.org