



## **Horseback Riding 2023**

The Barton Center will offer horseback riding **during all one and two-week sessions at both camps, but *space is limited***. Horseback riding is held at a local riding stable a short distance from Clara Barton Camp. Campers at two-week sessions will receive 6 ninety-minute horseback riding experiences throughout their camp stay in a ring setting with an instructor and volunteers. Campers will ride outside or inside, depending on the weather. Campers at one-week sessions will receive 3 ninety-minute horseback riding experiences. In addition to riding, campers will learn care and grooming practices, and tacking as well. Campers will all be able to spend one hour riding a horse, as there will be enough horses for each camper to ride simultaneously.

The cost for horseback riding lessons at two-week sessions is \$700 per child in addition to the total camp fee. The cost for horseback riding lessons at one-week sessions is \$350. Spaces are filled on a first-come, first-served basis. Spaces will not be reserved until full payment is received. There are only 16 spaces available per session so, if interested, we suggest that you register right away.

To reserve a space in horseback riding, please fill out all the information on this two-page form and return both pages together with a payment of \$700 for two-week sessions or \$350 for one-week sessions. Please make checks payable to The Barton Center. Please make sure to fill out the liability release on the second page—this liability release is **mandatory**. If the liability release is incomplete, your child CANNOT go to or participate in horseback riding. **PLEASE NOTE: YOU MUST REGISTER AND PAY FOR HORSEBACK AT LEAST 2 WEEKS PRIOR TO OPENING DAY!**

**In addition to the Horseback riding cost, everyone must bring their own horseback riding helmet, long pants, and shoes with a heel. These items will not be provided.**

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**Horseback riding cost: \$700 for Sessions 2, 3, 4 (two weeks)**  
**Horseback riding cost: \$350 for Session 1, 2a, 2b, 3a, 3b, 4a, 4b (one week)**

Camper Name: \_\_\_\_\_

Session(s) Attending: \_\_\_\_\_

Payment: \_\_\_\_\_ Check \_\_\_\_\_ Credit Card      Number: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

CVV (3-digit Verification # on front or back of card): \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**RETURN TO:**  
**The Barton Center for Diabetes Education, Inc.**  
**P.O. Box 356, 30 Ennis Road, North Oxford, MA 01537**  
**Tel: (508) 987-2056    www.bartoncenter.org**



Boston Equestrian Center  
44 McIntyre Rd  
North Oxford, MA 01537  
Phone: 508-987-6141  
www.bostonequestriancenter.com  
info@bostonequestriancenter.com

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### RELEASE FORM

I agree and understand that horseback riding is a dangerous activity, involving risk of injury to any student/rider/spectator that could result in said student/rider/spectator being incapacitated and/or unable to work. I agree that I am solely responsible for, and I expressly and freely assume and accept all risk of damage and injury and/or death to said student/rider/spectator in whole or in part caused by, arising from, or in connection with any horseback riding lessons and/or other related activity in connection with the Boston Equestrian Center, Inc. ("BEC"), whether caused to or by myself, my spouse (if any) and each and every child of mine (or any child whom I am serving as a guardian), whether or not the child is a minor.

I agree to indemnify and hold harmless, and I hereby release the BEC, the owners of the BEC, its directors, officers, employees, volunteers and the owners of the real estate at which the BEC is situated, and each of them, of and from all now existing and/or hereafter arising claims, liabilities, causes of action, losses of damages, including death, and any student/rider/spectator in whole or in part caused by, arising from or in connection with any horseback riding lessons and/or hold their related activities, in connection with the BEC whether caused to or by said student/rider/spectator, whether said student/rider/spectator be myself my spouse (if any) or each and every child of mine (or any child for whom I am serving as a Guardian), whether or not the child is minor.

I represent and warrant that I am 18 years of age or older. This instrument shall ensure to the benefit of the BEC and the owners of the real estate property at which the BEC is situated, and each of their heirs, executors, successors and assigns. This agreement shall be governed and construed by Massachusetts law, and is deemed executed and delivered in Massachusetts. This agreement cannot be orally modified, but can only be modified by a written instrument signed by BEC and the owners of the real estate property at which the BEC is situated. The invalidity of any portion of the agreement shall not affect the validity of their reminded hereof.

I understand that neither the Boston Equestrian Center, Inc., its volunteers, its employees, nor the property owners accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, employees, attendants, spectators, and any other persons or property owners in connection with Summer Camp, Riding day Trips (including Beach Trip, Hunter Paces, Trail Rides and any other riding trips), Pony Parties, Clinics, Riding Competitions (on the BEC property or off the BEC property). I further covenant and agree to indemnify and hold free said Boston Equestrian Center, Inc. from any losses that may result from such a claim being prosecuted by said participant.

I understand that 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 the equine activities, pursuant to section 2D of Chapter 128 of the general laws.

There are no warranties expressed or implied herein. I have carefully read this agreement and understand its contents.

Signed as a sealed instrument on: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Print name (or parent's name if under 18 years)

Signature (or parent if under 18 years)

\_\_\_\_\_

\_\_\_\_\_

Print Child's Name

\_\_\_\_\_

Address: Street

City or Town

State

Zip Code

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number

Emergency contact and phone number

\_\_\_\_\_

\_\_\_\_\_

Please tell us how you heard about Boston Equestrian Center: \_\_\_\_\_