

• Seating & Tables provided

Pick your theme and decorate to your liking!

Bathroom amenities and secured parking

A minimum donation of \$300 covers pony rides and use of the observation room.

A non-refundable deposit of \$150 is required to reserve party date.

Make your Party A Pony Party!

... Contact:

April: 413- 245- 3658 Tracy: 508- 873- 2040

To book your date!



## Blessings Farm, Inc. Pony Party Application Form

Requested Date	Requested Time
Contact name	Phone
	v (name & age of child) ther Specify
	nail: Idress:
Number of children attending?	Age range of children?  2 - 5 6 - 10 11-15 16+
Signature	Date
A minimum donation of \$300 will additional \$10 will be required for We can accommodate a party wit	
	required to secure a party date. All riders gned liability waiver. For your convenience, arty.
Don't forget your camera!	
Approved by:(St	caff Member)
Mail or Drop Off your completed f Blessings Farm, Inc. 50 H Foote Road Charlton, MA 01507	form with the deposit to:

## Blessings Farm, Inc.

## **Party Guest**

Liability Waiver

Date

An equine ministry for children 50 H Foote Road, Charlton, MA 01507

Please read this document carefully and do not sign unless you fully understand it. Warning: under Massachusetts Law, an equine professional is not liable for any injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the Massachusetts General Laws. Party Coordinator: \_\_\_\_\_\_ Date of party: \_\_\_\_\_ Name of Special Guest: \_\_\_\_\_\_ Type of party: \_\_\_\_\_ Release of Liability I/We, the undersigned, acknowledge that the handling and riding of horses is hazardous to both rider and horse, and therefore I/we willingly and knowingly assume and accept all responsibility and risks which are involved while riding and/or training under instructors or in connection therewith. If a student, relative or friend, should become injured at Blessings Farm, Inc., while riding, boarding, participating or observing with an instructor, she/he has the permission from the said parent or guardian to send the injured person to the hospital for treatment. I/We, the undersigned, hereby voluntarily release, indemnify and hold harmless, Blessings Farm, Inc., Board members, volunteers, horse owners, instructors, other students and the facility land owners from any claim, action or suit, arising from any occurrence, act or omission which results in injury, loss to person, horse and/or equipment. In addition to, but in no way limiting the foregoing, the undersigned covenants and agrees to prohibit any relative, representative and/or agent from seeking relief for any damages from Blessings Farm, Inc., Board members, volunteers, horse owners, instructors, other students and facility land owners of said premises on behalf of the undersigned. Guest's Signature (Parent or Guardian if guest is under 18 years of age) Date Guest's Signature (Parent or Guardian if guest is under 18 years of age) Date Guest's Signature (Parent or Guardian if guest is under 18 years of age) Date Guest's Signature (Parent or Guardian if guest is under 18 years of age) Date Guest's Signature (Parent or Guardian if guest is under 18 years of age) Date Guest's Signature (Parent or Guardian if guest is under 18 years of age) Date Guest's Signature (Parent or Guardian if guest is under 18 years of age) Date Guest's Signature (Parent or Guardian if guest is under 18 years of age) Date Guest's Signature (Parent or Guardian if guest is under 18 years of age)