



Blessings Farm, Inc.

An Equine Ministry for Children

50 H Foote Road, Charlton, Ma 01507

Love at First Sight Registration Form & Liability Release

Winter Session Spring Session Summer Session Autumn Session

Student's Name _____ Date of Birth: _____ Weight: _____

Parent/ Guardian Names: _____

Address: _____

City/ Town: _____ Zip: _____ Home Phone: _____

Student's Mobile Phone: _____ Email: _____

Mother's Mobile Phone: _____ Email: _____

Father's Mobile Phone: _____ Email: _____

Emergency Contact: _____ Emergency Phone Number _____

Relationship to Student _____

Known Allergies/ Medical Conditions _____

Bringing Epi-Pen? YES NO

Last Tetanus Shot: _____

(Note: In the event of an extreme emergency, Harrington Hospital will be used.)



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WARNING: Under Massachusetts Law, an equine professional is not liable for any injury to, 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.

Please read in its entirety, and fully understand this document before signing!

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 the instructors or in connection therewith. If a student, relative or friend, should become injured at Blessing 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.

Volunteer/ Student's signature:

Date:

Parent/ Guardian's signature (if volunteer/ student in under 18 years of age):

Date:



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Photo Release Form

Please read in its entirety, and fully understand this document before signing!

I/ We, the undersigned, hereby give permission for Blessings Farm Inc. to take, edit, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, websites, social networking sites and other print and digital communications, without payment or any other consideration.

I waive the right to inspect or approve any finished product in which my likeness appears, including written or electronic copy.

I hereby hold harmless and release Blessings Farm, Inc. from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

I accept Blessings Farm, Inc. photo release

I decline Blessings Farm, Inc. photo release

Volunteer/ Student's signature:

Date:

Parent/ Guardian's signature (if volunteer/ student in under 18 years of age):

Date:



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Horsemanship Program Commitment Agreement

I agree there is a level of commitment necessary in order to be provided with horsemanship classes and instruction. It is understood that classes will be held weekly, rain, snow or sunshine.

Lessons are at the cost of \$250.00 per student. To secure a spot in the program, a 50% non-refundable deposit must accompany this application. Once classes have begun, the remaining balance is due in full and this amount is non-refundable as well, unless Blessings Farm is able to fill my spot.

Classes and instruction are for 2 hours, once a week for 10 weeks and may include devotions, teaching instruction, ground work and grooming, as well as riding and other horse activities.

I, the student, commit to asserting my best efforts in attending each class and understand a spot in this class has been reserved for me. I recognize there are inherent costs to Blessings Farm in order to provide our community with this program and regardless of attendance; there are no refunds or makeup days if I miss a class. The horses at Blessings Farm want to eat everyday, whether or not they are ridden by me! I further understand if my attendance is not consistent, or I am often late to arrive for class, I will not be offered the opportunity to continue classes into the next session of lessons after this current session concludes.

For safety reasons, it is required that all students wear a riding helmet, shoes or boots with a heel, and long pants. If I do not have appropriate safety gear (helmet and closed, heeled shoes or boots) at the time of the class, riding will not be allowed, however, many other areas may be worked on in lieu of riding, such as in hand work, grooming, barn chores (and all the other fun stuff).

I also understand it costs approximately \$50,000.00 each year to maintain Blessings Farm and run this program and without the help of volunteers and effective fundraising efforts, this program could not continue. As a student committed to the success of this program, I understand that we, as a family, are expected to commit to volunteering and fundraising opportunities throughout the year.

Student's Signature _____ Date: _____

Parent or Guardian's Signature _____



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Volunteers are an essential part of Blessings Farm's programs and Christian mission. Please let us know how you and your family can help ensure our continued success.

This form can be completed and mailed to Blessings Farm at 50 H. Foote Road, Charlton, MA 01507, or handed in to any instructor, board member or regular volunteer.

Thank you very much for you help!!



" I can do things you cannot,
you can do things I cannot;
together, we can do great things."
~ Mother Teresa

Skills & Services:

<input type="checkbox"/>	artist	<input type="checkbox"/>	pest control
<input type="checkbox"/>	baking	<input type="checkbox"/>	plumbing
<input type="checkbox"/>	building/carpentry	<input type="checkbox"/>	repairing
<input type="checkbox"/>	cleaning	<input type="checkbox"/>	painting
<input type="checkbox"/>	construction	<input type="checkbox"/>	research
<input type="checkbox"/>	cooking	<input type="checkbox"/>	roofing
<input type="checkbox"/>	crafts	<input type="checkbox"/>	sign making
<input type="checkbox"/>	electrical	<input type="checkbox"/>	security
<input type="checkbox"/>	engineering	<input type="checkbox"/>	snow removal
<input type="checkbox"/>	gen. maintenance	<input type="checkbox"/>	technology
<input type="checkbox"/>	gen. horse care / feeding	<input type="checkbox"/>	yard care
<input type="checkbox"/>	horsemanship instruction	<input type="checkbox"/>
<input type="checkbox"/>	painting	<input type="checkbox"/>

Fundraising Needs:

<input type="checkbox"/>	organizing
<input type="checkbox"/>	phone calls
<input type="checkbox"/>	store front volunteer
<input type="checkbox"/>	baking / cooking
<input type="checkbox"/>	in-kind items / supplies
<input type="checkbox"/>	special committess
<input type="checkbox"/>	music / entertainment skills
<input type="checkbox"/>	grant writing
<input type="checkbox"/>	donor management
<input type="checkbox"/>	greeting/info booths
<input type="checkbox"/>	distrubuting flyers
<input type="checkbox"/>	contacting promoters
<input type="checkbox"/>	general needs

Please describe any other skills or services you are able to provide that may be helpful to Blessings Farm, our programs, and/or our fundraising efforts:

NAME

DATE

BEST PHONE TO REACH ME

EMAIL ADDRESS



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FAMILY STATISTICS REQUEST

This information is being gathered in a confidential manner for the sole purpose of creating a statistical base. This data will help immensely when applying for funding through grants and other outside sources in order to support the financial needs of Blessings Farm, Inc. We thank you very much for your participation.

Student Information:

Student #1: _____

Gender (circle one): female male age: _____

Special Needs (or disability): _____ (if applicable)

Student #2: _____

Gender (circle one): female male age: _____

Special Needs (or disability): _____ (if applicable)

Student #3: _____

Gender (circle one): female male age: _____

Special Needs (or disability): _____ (if applicable)

Family Income:

<input type="checkbox"/>	below \$25k	<input type="checkbox"/>	\$36k - \$45k	<input type="checkbox"/>	\$56k - \$65k	<input type="checkbox"/>	\$76k - \$85k
<input type="checkbox"/>	\$26k - \$35k	<input type="checkbox"/>	\$45k - 55k	<input type="checkbox"/>	\$66k - \$75k	<input type="checkbox"/>	above \$85k

Religious Affiliations (if any):

Thank You!